

Board of Health for Madison and Dane County

①

Registration to Appear

Date: 10/19/14

Item: Fluoridation

Name: Michael Kokoff - DDS -

Address: _____

Support
 Oppose
 Neither support nor oppose

I wish to speak
 Available for information only

speaks -

Comments: _____

On this occasion, are you officially representing an organization or person other than you? Yes
(If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Are you being paid for your representation? No

Are you appearing as part of your other paid duties for this person or organization? _____

(If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.)

Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? _____

(If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question.)

Name, address, and telephone number of each person you are representing:

If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? _____

(Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison.

Are you registered as a lobbyist with (check any that applies):

City of Madison,
 Dane County
 Other _____

Signature: [Handwritten Signature]

Board of Health for Madison and Dane County

②

Registration to Appear

Date: 10-09-14

Item: Community Water Fluoridation

Name: Robbyn Kuester
Address: 122 Wilson St

X Support I wish to speak
Oppose Available for information only
Neither support nor oppose

Comments:

On this occasion, are you officially representing an organization or person other than you? yes
(If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Are you being paid for your representation? yes
Are you appearing as part of your other paid duties for this person or organization? yes
(If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.)

Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? yes
(If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question.

Name, address, and telephone number of each person you are representing:
Wisconsin Dept of Health Services
122 Wilson St.
Madison, WI 53704

If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? yes
(Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison.

Are you registered as a lobbyist with (check any that applies):
City of Madison,
Dane County
Other

Signature: Robbyn Kuester