REGISTRATION BEFORE COUNTY BOARD

DATE: 3-5-1070	Name:	BAHDIM	6	COYLE	
Item #/Petition/CUP # or Subject:	Municipali	y: Town	GE	CROSS F	CAINS
DATE: 3-5-1070 Item #/Petition/CUP # or Subject: 2019 Res-506 Conservation trail	easem t	-			
☐ Wish to Speak in Support ☐ Wish to Sp	eak in Oppo	osition		able for Informa	
1. On this occasion, are you officially representing					
[If you checked "NO," <u>STOP;</u> you need not complete the	e rest of this	form. If you ch	necked "Y	ES," go on to the	e next question.]
Name, address and telephone number of each person of	or organizatio	n you are repr	resenting	:	
	540-500-500-500-500-500-500-500-500-500-				
Comments:					
2. Are you being paid for your representation of person or organization?	eed not con			□YES	
3. Are you an elected official who is appearing other governmental body?	need not co	omplete the r	est of the	□YES	
4. Has or will the person or organization you reduring the current reporting period?(A reporting period is January to June or from July					
5. Do you anticipate making more than 2 conta hearings or meetings?				YES	DNO
[If you checked "NO," to questions 4 and 5 above, you do make more than 2 contacts at a later date, indicating such activity. You must also sign this for the next question.]	you must th	en contact th	e Count	y Clerk's office	to file a form
6. If "YES," do you understand that if the persoduring the current reporting period, you must f	ile a financ	ial disclosur	e staten	nent with the o	county clerk?
[If you checked "NO" please call the County Clerk County Building, Madison, for more information.]	at 266-4121	or go to the	Clerk's d	□YES office at Room	
Date: 3-5-2020	Signature	me	local	6 Coyle	
	Print Nam	MICHA	TL (CoyLE	