AGENDA ITEM NO. 世2 SU	BJECT/ADDRESS/TOPIC	Edgewood Repeat
YOUR NAME MALK	e &//10# DAT	E
YOUR ADDRESS 24/5	Smoly frail Made	(su 53711
Please check the appropriate boxes:		
Support	□ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
^¹ □ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other the complete the rest of this form. If you answ	an yourself: Yes No ered "yes," go on to the next questions.)
Name, address and telephone number of ea		
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	f this form.
Are you an elected official or employee who i for your municipality or other governmental be (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this fo	rm except
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised that:
 Before you engage in lobbying as a lobby Your principal is not permitted to authoris If your principal spends or will owe more principal must file expense statements with 	ze you to lobby unless the principal is regi	stered with the City Clerk.
(Please go to the City Clerk's website www.ci. County Building, Madison, for more information	tyofmadison.com/clerk/index.html/or/go to	o the Clerk's Office at Room 103 of the City-
Date S	Signature	

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

- 1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.
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#2

YOUR ADDRESS 76 A Tiggs Ling (Ling 1979	AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Repealing Edgenced Master Plan				
Please check the appropriate boxes: Support	YOUR NAME James Indioff DATE 129/19				
Support	YOUR ADDRESS 7621 Tiger	Lily (f. Verona 53	593		
Wish to speak (3 min. limit) □ Wish to speak (4 min. limit) □ Wish to speak (4 min. limit) □ Wish to speak (4 min. limit) □ Wish to speak (4 min. limit) □ Wish to speak (4 min. limit) □ Wish (4 min. limit)	Please check the appropriate boxes:				
Available to answer questions Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? 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," please continue.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes," to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year. (Please go to the City Clerk's website www.citvofinadison.con/clerk/index.html_or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	Support	□ Oppose □	Neither Support N	Nor Oppose	
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L GENERAL TERRACIO	DIEGE/ADDREGG/FORIG	Dagail +	-1.0	naaar
	BJECT/ADDRESS/TOPIC _	repeal E	dgewood	MASTE
YOUR NAME MA COUNT	Watson	DATE	7919	
YOUR ADDRESS 10743 K	Polling CAICS			
Please check the appropriate boxes:	V			
Support	☐ Oppose	☐ Neither	Support Nor O	ppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	iit) 🗖 Wish	n to speak (3 min	. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do n	not wish to speak	
☐ Available to answer questions	☐ Available to answer ques	tions	lable to answer	questions
At this meeting are you representing a (If you answered "no," STOP; you need not of				
Name, address and telephone number of ea	ch person or organization you ar	re representing:		
Are you being paid for your representation?			☐ Yes ☐	No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization of the state of th	n? e rest of this form.	☐ Yes	No
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Date [] 9 19 S	Signature // //	M		

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AGENDA ITEM NO. 2 SU	JBJECT/ADDRESS/TO	PIC EDGE	WOOD MASTO	ER PLAN - 50
YOUR NAME MARC GARTL			12/9/19	
YOUR ADDRESS <u>\$20</u> Woo	ODROW ST. (NADISON, 1	J 53711	
Please check the appropriate boxes:				
□ Support	⊠ Oppose		Neither Support	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 n	nin. limit)	☐ Wish to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to spe	eak	☐ Do not wish to	speak
☐ Available to answer questions	Available to answer	er questions	☐ Available to an	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form	m. If you answered	"yes," go on to the n	No ext questions.)
Name, address and telephone number of ea	ach person or organization	ı you are represent	ting:	
Are you being paid for your representation?			☐ Yes	Ďίνο
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organs, STOP. You need not com,	anization? plete the rest of this	☐ Yes form.	□ No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? P. You need not complete the	e rest of this form ex		□ No
If you are being paid for your representation,	or if your appearance is par	t of other paid dutie	s, please be advised	that:
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2. Your principal is not permitted to author	ize you to lobby unless the p	orincipal is registere	d with the City Clerk	ς.
3. If your principal spends or will owe more principal must file expense statements w	e than \$1,000 for lobbying s ith the City Clerk for the rer	ervices in any repor naining quarters of	ting period (calendar the calendar year.	six months), the
(Please go to the City Clerk's website www.c County Building, Madison, for more informated Date 12 9 19	tityofmadison.com/clerk/indertion.) Signature	<u>x.html</u> or go to the	Clerk's Office at Roo	om 103 of the City-

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AGENDA ITEM NO. 2 SU	JBJECT/ADDRESS/TOPIC	Repealing Ed	gewood	Campus Master
YOUR NAME <u>CATHERINE</u>	JAGOE	DATE 12	109/20	19
YOUR ADDRESS 2318 W. LAV	VN AVE, MADISON W	I 53711		
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither	Support	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	nit) 🔲 Wis	h to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	□ Do 1	not wish to	o speak
☐ Available to answer questions	☐ Available to answer que	stions	ilable to a	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person of complete the rest of this form. If yo	her than yourself u answered "yes," g	Yes	No next questions.)
Name, address and telephone number of ea				
Are you being paid for your representation?			☐ Yes	□ No
Are you appearing as part of your other paid (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organizations, STOP. You need not complete the	on? e rest of this form.	☐ Yes	□ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest o	f this form except	☐ Yes	□ No
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Date 12/09/2019 S	Signature Catherne	Jagoe		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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#2

AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Edge Wood Master Plan				
YOUR NAME Robert Meyer DATE 12/9/2019 YOUR ADDRESS 8/2 Woodvon Street Madison W/ 53711				
YOUR ADDRESS 8/2 Was	odvow Street, Madis	m W1 53711		
Please check the appropriate boxes:				
□ Support	□ Oppose □	Neither Support Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)		
Traine, address and telephone number of ea	een person of organization you are repres	enting.		
Are you being paid for your representation?		☐ Yes ☐ 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," please continue.)				
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DateS	ignature			

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AGENDA ITEM NO. 2 SU	BJECT/ADDRESS/TOPIC	MP REF	EAL	
YOUR NAME YAEL GEN DATE 12/9/2019				
YOUR ADDRESS 860 WOO	sonow of			
Please check the appropriate boxes:				
☐ Support	Oppose	☐ Neither S	Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answ	ered "yes," go		□ No ext questions.)
	——————————————————————————————————————	- coenting.		
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AGENDA ITEM NO. 2 SU	BJECT/ADDRESS/TOPIC Ed	gewood	Exit	Master Plan	
AGENDA ITEM NO. 2 SU YOUR NAME Gretchen	Wie meyer DAT	E 12.	9-19		
YOUR ADDRESS 2260 West Lawn Madison 53711					
Please check the appropriate boxes:					
□ Support	☑ Oppose	□ Neither	Support 1	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	□ Do n	ot wish to	speak	
☐ Available to answer questions	Available to answer questions	☐ Avai	lable to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answe	ered "yes," go	Yes on to the ne	No ext questions.)	
Name, address and telephone number of ea	ach person or organization you are repr	esenting:			
	· · · · · · · · · · · · · · · · · · ·				
Are you being paid for your representation?			☐ Yes	□ No	
Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest o	f this form.	☐ Yes	□ No	
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	REGISTRATION FORM	# 156839			
AGENDA ITEM NO SU.	BJECT/ADDRESS/TOPIC	leal of Edglwood Nas			
YOUR NAME 5/10/19	Schly DAT	E Dec 9 12019 P			
YOUR ADDRESS 979 WO	odrow St, Madis	on			
Please check the appropriate boxes:					
□ Support	Oppose	☐ Neither Support Nor Oppose			
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak			
☐ Available to answer questions	Available to answer questions	☐ Available to answer questions			
At this meeting are you representing a (If you answered "no," STOP; you need not of					
Name, address and telephone number of ea	ch person or organization you are repr	esenting:			
Are you being paid for your representation?		☐ Yes 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," please continue.)					
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	vist, you or your principal must file an auth				
	ze you to lobby unless the principal is regi				
If your principal spends or will owe more principal must file expense statements with the statement of the statement with the statement of the statement	than \$1,000 for lobbying services in any that the City Clerk for the remaining quarter	reporting period (calendar six months), the rs of the calendar year.			
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AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Edgewood Mp repeat S6839 YOUR NAME Dunne Jenkins DATE 129 19 YOUR ADDRESS 1802 Monroe St				
YOUR NAME Diane Jenkins DATE 12(9)19				
YOUR ADDRESS 1802 Mn	noe St			
Please check the appropriate boxes:				
☐ Support	☑ Oppose	☐ Neither Su	ipport No	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to	speak (3	min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not	wish to s	peak
☐ Available to answer questions	Available to answer questions	☐ Availal	ole to answ	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answer	red "yes," go or		No questions.)
Name, address and telephone number of ea	ch person or organization you are repre	senting:		
Are you being paid for your representation?			Yes	□ No
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AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC ENS MP Repeal			
YOUR NAME Pat Alea	DAT	E 12/9/2019	
YOUR ADDRESS 478 Leo-	nard		
Please check the appropriate boxes:			
□ Support	☐ Oppose	☐ Neither Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak
☐ Available to answer questions	Available to answer questions	☐ Available to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of			⊠ No ext questions.)
Name, address and telephone number of ea	ach person or organization you are repr	esenting:	
Are you being paid for your representation?		☐ Yes	□ 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," please continue.)			
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Date 12/4 2019 S	Signature Jahm V	Mer	

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Edicas	1 Master Plan
YOUR NAME JOH GOHLE DATE IS	2/9/a0
YOUR ADDRESS 2356 West Land Are Madison 1	WE 53711
Please check the appropriate boxes:	
□ Support ☑ Oppose □ N	either Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐	☐ Wish to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐	☐ Do not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐	☐ Available to answer questions
At this meeting are you representing an organization or a person other than yo (If you answered "no," STOP; you need not complete the rest of this form. If you answered "	
Name, address and telephone number of each person or organization you are represent	ing:
Are you being paid for your representation?	☐ Yes ☐ 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 If you answered "yes," please continue.)	☐ Yes ☐ No form.
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AGENDA ITEM NO. 2 SU	BJECT/ADDRESS/TOPIC	OBEWOOD EXI	7		
YOUR NAME BRADLEY YOUR ADDRESS 938 WOR	BOYCE DATI	8 9 DEC 19			
YOUR ADDRESS 938 Woo	DROW ST, MADIST.	N 53711			
Please check the appropriate boxes:					
☐ Support	☑ Oppose	☐ Neither Support N	or Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3	3 min. limit)		
☐ Do not wish to speak	☑ Do not wish to speak	☐ Do not wish to s	peak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not a	complete the rest of this form. If you answe	red "yes," go on to the nex	No t questions.)		
Name, address and telephone number of ea	ach person or organization you are repre	esenting:			
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#2

AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan					
YOUR ADDRESS 812 Wood	YOUR NAME Teresa Nyholt DATE 12/9/19 YOUR ADDRESS 812 Woodrow St. Madison, WI 53711				
Please check the appropriate boxes:					
☐ Support	Oppose	☐ Neither Support I	Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answe	red "yes," go on to the ne	₩ No ext questions.)		
Name, address and telephone number of ea	ch person or organization you are repre	esenting:			
Are you being paid for your representation?		☐ Yes	No No		
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#2 56839

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NOS	SUBJECT/ADDRESS/TOPIC	4		
YOUR NAME YNN 1	SJORKMAN DATE	E 9 Dec		
YOUR ADDRESS 1910	W. LAWN			
Please check the appropriate boxes	53711			
☐ Support	□ Oppose	☐ Neither Support Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak		
☐ Available to answer question	as Available to answer questions	☐ Available to answer questions		
(If you answered "no," STOP; you need n	g an organization or a person other that of complete the rest of this form. If you answe	ered "yes," go on to the next questions.)		
Name, address and telephone number of	f each person or organization you are repr	esenting:		
Are you being paid for your representation	?	□ Yes □ 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," please continue.)				
for your municipality or other government (If you answered "yes" to the question, ST	no is appearing solely on behalf of your office al body? OP. You need not complete the rest of this for eed "no" to the question, go on to the next que	rm except Yes No		
If you are being paid for your representation	on, or if your appearance is part of other paid	duties, please be advised that:		
1. Before you engage in lobbying as a lo	bbyist, you or your principal must file an auth	orization with the City Clerk.		
2. Your principal is not permitted to auth	orize you to lobby unless the principal is regi	stered with the City Clerk.		
3. If your principal spends or will owe m principal must file expense statements	ore than \$1,000 for lobbying services in any with the City Clerk for the remaining quarter	reporting period (calendar six months), the so of the calendar year.		
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature			

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AGENDA ITEM NO. 2. SUBJECT/ADDRESS/TOPIC Repealing Campus Master Plan					
YOUR NAME Kathryn Lederhause DATE 12/9/2019					
YOUR ADDRESS 3106 GV	egory St		,		
Please check the appropriate boxes:					
□ Support	Oppose	Neither !	Support N	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)	
☐ Do not wish to speak	Do not wish to speak	Do no	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	d "yes," go		X No xt questions.)	
Are you being paid for your representation?			☐ Yes	□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," please continue.)					
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If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please l	be advised th	nat:	
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AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Repealing Campus Martillar					
YOUR NAME Daryl Sherman DATE 12. 9. 2019					
YOUR ADDRESS 3106 6	egory I				
Please check the appropriate boxes:					
□ Support	Zi Oppose [☐ Neither S	Support N	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)	
☐ Do not wish to speak	☑ Do not wish to speak	Do no	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	lable to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answer	red "yes," go	Yes on to the ne	No xt questions.)	
Name, address and telephone number of ea	ich person or organization you are repres	senting:			
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AGENDA ITEM NO. 2 SU	BJECT/ADDRESS/TOPIC _	Eggewood	Master	Plan
YOUR NAME Jon Stur	dridge	DATE 12/9	1/19	
YOUR ADDRESS 1011 Edge	wood Are			
Please check the appropriate boxes:				
□ Support	Oppose	□ Neither !	Support Nor	Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit	it) 🗖 Wish	to speak (3 m	in. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	ot wish to spe	ak
☐ Available to answer questions	☐ Available to answer quest	tions 🗖 Avail	able to answe	er questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you	answered "yes," go	Yes [on to the next q	No westions.)
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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," please continue.)				
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AGENDA ITEM NO. 2 SU	BJECT/ADDRESS/TOPIC <u></u>	gewood F	MasterPlan		
YOUR NAME Namey Standridge DATE 12-9-19					
YOUR ADDRESS / O/X	dgewood Ave				
Please check the appropriate boxes:					
☐ Support	☑ Oppose	☐ Neither Suppo	ort Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spe	eak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wisl	n to speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to	o answer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answe	ered "yes," go on to th			
Name, address and telephone number of ea	ch person or organization you are repr	esenting:			
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Date 12-9-19 Signature Maney Standidge					

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC 5 6 8 39					
YOUR NAME Marie Trest DATE 12-9-2019					
YOUR ADDRESS 2310 Mor	croe St				
Please check the appropriate boxes:					
☐ Support !	☑ Oppose □	☐ Neither Support	Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	x (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish t	o speak		
☐ Available to answer questions	Available to answer questions	☐ Available to a	nswer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other that complete the rest of this form. If you answer	n yourself: Yes	No next questions.)		
Name, address and telephone number of ea	ch person or organization you are repre	senting:	•		
Are you being paid for your representation?		☐ Yes	□ No		
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AGENDA ITEM NO. 2 SU	BJECT/ADDRESS/TOPIC Repea	elling Edgewood a	eunpus Mouster
YOUR NAME EDWIN SIB!	ERT DAT	E 12/09/2010	
YOUR ADDRESS 2318 W. LA	NN AVE, MADUSON WI!	53711	
Please check the appropriate boxes:			
□ Support	Oppose	☐ Neither Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other the complete the rest of this form. If you answ.	an yourself: Yes ered "yes," go on to the ne	No ext questions.)
Name, address and telephone number of ea	ach person or organization you are repr	esenting:	
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Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	f this form.	□ No
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YOUR ADDRESS 1050 Wood was a proper to the appropriate boxes: Please check the appropriate boxes: Support	AGENDA ITEM NO. S	UBJECT/ADDRESS/TOPIC	talony 3	6839	1
Please check the appropriate boxes: Support	YOUR NAME Patricia F	Ricley D.	ATE Dee 9	,2019	2/
Support	YOUR ADDRESS 1050 CE	Doodrow St W	ladiser	63	711
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not wish to speak (3 min. limit) □ Do not wish to speak □ Pes □ No □ Do not wish to speak □ Pes □ No □ Do not wish to speak □ Pes □ No □ Pes □ No □ Do not wish to speak □ Pes □ No □ Pes □ No □ Do not wish to speak □ Pes □ No □ Pes □	Please check the appropriate boxes:				
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	Date Ne 9, 2019 Signature Faller Hully				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

- 1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.
 - Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
- 2. Public Hearing items may be called at any time after the beginning of the public hearing. The Plan Commission uses a consent agenda, which means that the Commission can consider any item at 6:00 p.m. where there are no registrants wishing to speak in opposition regardless of its placement on the agenda.
- 3. The most effective statements are brief, well organized, and avoid repetition. If you agree with the statement of a prior speaker, please so indicate rather than repeating those statements.
- 4. The Commission is appointed to represent not only those present at the hearing but all citizens. The Plan Commission is advisory to the Common Council on rezoning and subdivision plat matters. On conditional use permits and demolition permits, the Commission makes the final decision after holding a public hearing to consider all facts applicable to the application.