PLAN COMMISSION
REGISTRATION FORM Demolitude Rezone

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AGENDA ITEM NO. 11 SUI	BJECT/ADDRESS/TOPIC 222	4 Regent 3	Heet
YOUR NAME SUC GYA	dyDATE_	2/18/1201	3
YOUR ADDRESS 2126	Kowley Avenu	Q	
Please check the appropriate boxes:	\mathcal{O}		
@ Support	☐ Oppose ☐	Neither Support N	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	☐ Available to ans	wer questions
At this meeting are you representing an organization or a person other than yourself: Yes Yes (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?		☐ Yes	□ PNo
Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	uties for this person or organization? STOP. You need not complete the rest of the	☐ Yes is form.	₽ No
Are you an elected official or employee who is for your municipality or other governmental b (If you answered "yes" to the question, STOP that you must sign this form. If you answered	ody? You need not complete the rest of this form	☐ Yes except	☑-No
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date			

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

- 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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AGENDA ITEM NO. \$ 25U	BJECT/ADDRESS/TOPIC 22	Z4 REGENT	9
YOUR NAME TAVO FORCE	DATE	2118113	
YOUR ADDRESS 2704 6	8560RY 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 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	ich person or organization you are repre	ROUBLY AVE, MA	
		608-233-9	Щ
Are you being paid for your representation?		ÇYes	□ 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	this form.	□ No
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	JBJECT/ADDRESS/TOPIC <u>みみ</u> え	of Kennath of
YOUR NAME Patrick ?	DATE DATE	
YOUR ADDRESS 2126 RO	alex Ave - Male	oa, Wi 53726
Please check the appropriate boxes:	J	
Support	□ Oppose □	l 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
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Date VIV-10 13	Signature (1) Signature	

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AGENDA ITEM NO. 11 + 12 SU	JBJECT/ADDRESS/TOPIC 225	24 Regent	Street
YOUR NAME James S.		2-18-13	•
YOUR ADDRESS 3702	Council Crest		
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	•
	☐ Available to answer questions	☐ Available to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not			No ext questions.)
Name, address and telephone number of e	ach person or organization you are repres	enting:	· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representation?		☐ Yes	⋈ No
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If your principal spends or will owe mor principal must file expense statements w	e than \$1,000 for lobbying services in any reith the City Clerk for the remaining quarters	porting period (calendar of the calendar year.	six months), the
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Date 2-18-13	Signature James 5. Van G	Temert	

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AGENDA ITEM NO. 11 \$12 SUBJECT/ADDRESS/TOPIC 2224 Repent			
YOUR NAME SHIVA BI	DAR_ SIELAFF DATE	2/18/13	
YOUR ADDRESS 2704 KO	ndall Are		
Please check the appropriate boxes:			
Support	☐ Oppose	l Neither Support Nor Op	pose
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 qu	iestions
At this meeting are you representing a (If you answered "no," STOP; you need not			-
Name, address and telephone number of ea	ach person or organization you are repres	enting:	
Are you being paid for your representation?		∕S-Yes □ No)
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PLAN COMMISSION REGISTRATION FORM

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC De ndition Agastment () 2724 Regent		
Trownski = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		
YOUR NAME Heid (transhaw) Jim Bompus DATE 2/18/13		
YOUR ADDRESS 7222 legent St.		
Please check the appropriate boxes:		
□ Support □ 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 an organization or a person other than yourself: (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:		
608-467-8171		
Are you being paid for your representation?		
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AGENDA ITEM NO. 11 \$12 SUBJECT/ADDRESS/TOPIC			
YOUR NAME TERRENCE PENNER DATE 2~18-13			
YOUR ADDRESS 2221	Chadbourne A	ne	
Please check the appropriate boxes:			
☐ Support	☑ Oppose □	Neither Support Noi	r Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3 n	nin. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to spo	eak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answ	er questions
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC 222 Y Regard Tyreet YOUR NAME Carl Green DATE 2-18-17 YOUR ADDRESS (23 West Washington Avenue Hoole Carlissen Washington Weither Support Nor Oppose Please check the appropriate boxes: Wish to speak (3 min. limit) Do not wish to speak Mailable to answer questions Available to answered 'no' of one net qu	•		
Please check the appropriate boxes: Support		2224 Region & Street	
Please check the appropriate boxes: Support	YOUR NAME Tom Gever D.	ATE <u>2-18-17</u>	
Please check the appropriate boxes: Support	YOUR ADDRESS 127 Wast Washington Aven	re #1006 Malien WI	
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not wish to speak □ Available to answer questions □ Ves □ No □ N	Please check the appropriate boxes:		
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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.

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#11217		,	
AGENDA ITEM NO.	BJECT/ADDRESS/TOPIC	9091	
YOUR NAME BETY POYCE	DAT	E 2/18/13	
YOUR ADDRESS 2215 ch	rdborvhe are 1	Madim W1 53726	
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	
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