AGENDA ITEM NO. 71 SU				
YOUR NAME HANG BORCE	herding DATE	7-9-	-20	
YOUR ADDRESS 1524 J	BFFBRSON ST			
Please check the appropriate boxes:				
⊠ Support □	⊅ Qppose □	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	☐ Dø 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		No ext questions.)
	ten person of organization you are represe	mung.		
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 the	his form.	☐ Yes	□ No
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	except	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please l	oe advised t	hat:
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an author	rization with	the City Cl	erk.
	ze you to lobby unless the principal is registe			
If your principal spends or will owe more principal must file expense statements with the principal must file expense statements with the principal must file expense.	e than \$1,000 for lobbying services in any reports the City Clerk for the remaining quarters of	orting perions of the calend	d (calendar lar year.	six months), the
(Please go to the City Clerk's website www.ci County Building, Madison, for more informat	ityofmadison.com/clerk/index.html or go to th ion.)	he Clerk's O	ffice at Roo	m 103 of the City-
Date S	Signature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 48895 SUBJECT/ADDRESS/TOPIC Due 15th Pro	omind House				
YOUR NAME CRAIG MAYER DATE 03 09 2020					
YOUR ADDRESS 1548 JEFFELLOW ST					
Please check the appropriate boxes:					
■ Support □ Oppose □ Neither Su	apport Nor Oppose				
Wish to speak (3 min. limit) Wish to speak (3 min. limit) Wish to	o 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 Availab	ble 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	Yes No n 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 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.)	Yes DNo				
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC					
YOUR NAME FRANCE GURD DATE 2000-03-09					
YOUR ADDRESS 1520 TEFFERSON ST					
Please check the appropriate boxes:					
Support	□ Oppose □	Neither S	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 no	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to ans	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	ed "yes," go	Yes on to the ne	questions.)	
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AGENDA ITEM NO. // SU	BJECT/ADDRESS/TOPIC 588	595	7.18	
YOUR NAME BIANE	MORGENTHALEX DATE	3/9	120	
YOUR ADDRESS 22 El	11FFLIKU ST			
Please check the appropriate boxes:				
Support	□ 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	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of				☐ No xt questions.)
Name, address and telephone number of ea Destination Madus 441-2622		nting:		
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.)		is form.	Yes Yes	□ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? •• You need not complete the rest of this form	except	☐ Yes	M.No
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Date 5/4/20	Signature Mine Williams			

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

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC TOWLIST ROOM NO HOUSE
YOUR NAME SHULKIN DATE 3/9/20
YOUR ADDRESS SO 27 MARATHON DRIVE MAD 53705
Please check the appropriate boxes:
□ Support □ Oppose □ Neither Support Nor Oppose
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: 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:
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AGENDA ITEM NO. 58895 SU					
YOUR NAME Somewithe	Cronnoul DAT	E			
YOUR NAME Szmznthz YOUR ADDRESS 2702 K Please check the appropriate boxes:	endoll Aug, Med	150m, w 53	705		
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 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 ans	swer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not of			☐ No xt questions.)		
Name, address and telephone number of ea	nch person or organization you are rep	resenting:			
			Nu		
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	☐ Yes of this form.	ĎNo		
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this f	Yes orm except	□No		
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Date 3/5/2020	Signature Survey				

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11

AGENDA ITEM NO. 58895 SUBJECT/ADDRESS/TOPIC Transit Room House					
YOUR NAME Bruce Crownover DATE 3/9/2020					
YOUR ADDRESS 2702 K.	morl Are Mr.	lison, w	1 537	05	
Please check the appropriate boxes:					
□ Support	☐ 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 question	ns 🗖 Avail	able to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of				☐ No xt questions.)	
Name, address and telephone number of ea	ach person or organization you are r	epresenting:			
Are you being paid for your representation?			☐ Yes	⊅ No	
			<u>E</u> 111		
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		ffice or		D No	
for your municipality or other governmental by (If you answered "yes" to the question, STO) that you must sign this form. If you answered	P. You need not complete the rest of thi	is form except t questions.)	☐ Yes	M No	
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Date 3/9/2020	Signature ~ ~ ~				

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AGENDA ITEM NO \[\lambda \left[\left[SU	BJECT/ADDRESS/TOPIC	58895			
YOUR NAME RUNN MO	DATI	3/9/20			
YOUR ADDRESS 713 01	STON CT				
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	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			inext questions.)		
Name, address and telephone number of ea	ch person or organization you are repro	esenting:			
Are you being paid for your representation?		☐ Yes	X No		
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC					
YOUR NAME MARLA FROEWELL DATE 9 March 2020					
YOUR ADDRESS 555 (all	EN DR, MADERIN				
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 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 ans	swer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other than complete the rest of this form. If you answer	n yourself:	No xt questions.)		
Name, address and telephone number of ea	ach person or organization you are repres	senting:			
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 9/3/2020	Signature Mark Ja	L			

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REGISTRATION FORM SUBJECT/ADDRESS/TOPIC AGENDA ITEM NO. DATE YOUR NAME YOUR ADDRESS Please check the appropriate boxes: Oppose ☐ Neither Support Nor Oppose ☐ Support 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: \(\sigma\) 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: ☐ Yes ☐ No 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.) Are you an elected official or employee who is appearing solely on behalf of your office or ☐ Yes ☐ No 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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 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.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-

PLAN COMMISSION

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

Signature

County Building, Madison, for more information.)

Date

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	BJECT/ADDRESS/TOPIC TYCH	-		
YOUR NAME Hymanda Mott DATE 319120				
YOUR ADDRESS 718 W	Brittingham Pl Ma	Opposite	1	
Please check the appropriate boxes:				
□ Support	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				swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other than complete the rest of this form. If you answere	yourself: ed "yes," go	Yes on to the ne	No ext questions.)
Name, address and telephone number of ea	ach person or organization you are represe	enting:		
			☐ Yes	₽ xbo
Are you being paid for your representation?				<u></u>
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? ss, STOP. You need not complete the rest of the	his form.	Yes	V No
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AGENDA ITEM NO.	BJECT/ADDRESS/TOPIC TR	H Kegula	ATOVI	
YOUR NAME John	-ynch DATE	3-9-20		
YOUR ADDRESS 1229	Corpenter St			
Please check the appropriate boxes:				
□ Support 5	2 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	n organization or a person other that complete the rest of this form. If you answe	n yourself: Yes red "yes," go on to the ne	A No ext questions.)	
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AGENDA ITEM NOSUI	BJECT/ADDRESS/TOPIC	8675		
YOUR NAME JOAN S	Phole DATE	3/9/10		
YOUR ADDRESS 568 [art Lh.			
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 o	complete the rest of this form. If you answe	red "yes," go on to the ne	No ext questions.)	
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Date 3 A 10	Signature	the		

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AGENDA ITEM NO. // SU	BJECT/ADDRESS/TOPIC 52	3895		
YOUR NAME Ken Koe	ppler DATE	March 9th		
YOUR ADDRESS 2727 A	twood Ave			
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	ach person or organization you are represe	nting:		
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.)		☐ Yes ☐ No is form.		
Are you an elected official or employee who for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	☐ Yes ☐ No except		
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ACENDA ITEMANO II GUIDIECTIA DEDECCITORIO TOLI			
AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC TKM	1-		
YOUR NAME Andrew Steveland DATE 31	9/20		
YOUR ADDRESS 30 Wave Ave Madison, w	± 53	205	
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	n to speak (3	min. limit)	
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do n	ot wish to s	peak	
☐ Available to answer questions ☐ Available to answer questions ☐ Available	lable to ans	wer questions	
At this meeting are you representing an organization or a person other than yourself: \(\sigma\) Yes \(\sigma\) 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.)			
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Are you being paid for your representation?	☐ Yes	□No	
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AGENDA ITEM NO. 58895 SUBJECT/ADDRESS/TOPIC Journ	st Roomer	ig Houses		
YOUR NAME Maureen Engelberger DATE	3-9-20			
	Matican	WIT		
YOUR ADDRESS 4502 Diamond Drive	1 Jaars of	VO		
Please check the appropriate boxes:				
□ Support □ Oppose □ 1	Neither Support No	r 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 sp	eak		
☐ Available to answer questions ☐ Available to answer questions	☐ Available to answ	ver questions		
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	Photo William	THE PARTY		
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AGENDA ITEM NO/ SUBJECT/ADDRESS/TOPIC _ Airbab				
YOUR NAME Candia Stendard DATE 3/9/20				
YOUR ADDRESS 30 CIMO AVE Madison WI 53705				
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 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 ans	swer 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	nan yourself:	No xt questions.)	
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AGENDA ITEM NO. (SU	BJECT/ADDRESS/TOPIC	TRH		
YOUR NAME PETER DAL		7 3 9	120	
YOUR ADDRESS 1112 LINCE	1	E 3/1	128	
	5CN 9			
Please check the appropriate boxes:				
☐ Support	D'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	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 of	n organization or a person other that complete the rest of this form. If you answe	an yourself:	Yes	D No
Name, address and telephone number of ea	ch person or organization you are repr	esenting:	on to the ne	w questions.)
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.	☐ Yes	□ No
Are you an elected official or employee who i 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 for	m excent	☐ Yes	□ No
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