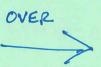
PLAN COMMISSION REGISTRATION FORM



AGENDA ITEM NO. 58107 SU	BJECT/ADDRESS/TOPIC OSCAP	- MAYER SPECIAL PLAN			
YOUR NAME JOHN JOHN	ISON DATE	2/10/20			
YOUR ADDRESS 522 McC					
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	yourself: Yes No			
Are you being paid for your representation?					
Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization? If STOP. You need not complete the rest of the complete	☐ Yes ☐ No his form.			
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	or if your appearance is part of other paid du	ties, please be advised that:			
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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.cit County Building, Madison, for more information	vofmadison com/clerk/index html or go to the				
Date $\frac{2/10/20}{}$ Si	ignature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 58107 SU	BJECT/ADDRESS/TOPIC _0%	ear Mayer Special	Pan		
YOUR NAME JENIFER R		ATE 2/10/20			
YOUR ADDRESS 2846 Coo					
Please check the appropriate boxes:	0				
□ Support	□ Oppose	№ Neither Support N	or Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (
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☐ Available to answer questions	☐ Available to answer question				
At this meeting are you representing a (If you answered "no," STOP; you need not o	an organization or a person other	than yourself: \(\sigma\) \(\nu_{\text{or}}\)	D.N.		
Name, address and telephone number of ea	ich person or organization you are re	epresenting:	ii questione.		
Are you being paid for your representation?		☐ Yes	□ No		
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(Please go to the City Clerk's website www.cit County Building, Madison, for more information	<u>yofmadison.com/clerk/index.html</u> or go on.)	o to the Clerk's Office at Room	103 of the City-		
Date $\frac{2/10/20}{}$ Si	ignature DON	BEHALF OF JENNIFE	R RODRIGUEZ		

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AGENDA ITEM NO. 58107 SU YOUR NAME JEFF STEEL	E.			Plan
YOUR ADDRESS 522 Mc	COMMINIO ALLE	DATE 2/10/	20	
Please check the appropriate boxes:	COMMUNE FIVE			Charles A
	Oppose	M Neither	Support N	or Oppose
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☐ Do not wish to speak	☐ Do not wish to speak	D Do n	ot wish to	speak
☐ Available to answer questions	☐ Available to answer ques			swer questions
At this meeting are you representing as (If you answered "no," STOP; you need not con Name address and telephone a	complete the rest of this form. If you	her than yourself:		
Name, address and telephone number of ea	ch person or organization you ar	re representing:	on to the nex	i questions.)
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Are you appearing as part of your other paid do (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	n? rest of this form.	☐ Yes	□ No
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Date $\frac{2/10/20}{}$ Signature	gnature $\sqrt{\int \delta N}$	BEHALF OF JE	EFF STEE	CLE
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AGENDA ITEM NO. 58 SUBJECT/ADDRESS/TOPIC YOUR NAME DATE YOUR ADDRESS Please check the appropriate boxes: ☐ Support Q 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 ☐ 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: \(\simeg\) 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 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," 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? ☐ Yes (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. 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.cityofmadikon.com/clerk/index.html 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 SUBJEC	CT/ADDRESS/TOPIC	OMSAP	46.50	2 10 74
YOUR NAME DON CINOS	4	DATE FEB.	10,	4020
YOUR ADDRESS 1716 NOAT	FIELD; MASIN	rous wis	370	4
Please check the appropriate boxes:	OLGAS'S		3 A A &	100. 31\$
☐ Support O	opose see orners	IDC "		Nor Oppose
	Wish to speak (3 min. limit		7:7:	(3 min. limit)
☐ Do not wish to speak ☐ I	Do not wish to speak	☐ Do no	ot wish to	speak
☐ Available to answer questions ☐ A	Available to answer quest	ions 📮 Avail	able to a	nswer questions
At this meeting are you representing an org (If you answered "no," STOP: you need not complete.	ganization or a person other	er than yourself: answered "yes," go	Yes on to the n	▶ No ext questions.)
Name, address and telephone number of each pe	rson or organization you are	representing:		
Are you being paid for your representation?			☐ Yes	☑ No
Are you appearing as part of your other paid duties (If you answered "no" to both these questions, STO If you answered "yes," please continue.)			☐ Yes	☑ No
Are you an elected official or employee who is apper for your municipality or other governmental body? (If you answered "yes" to the question, STOP . You that you must sign this form. If you answered "no" is	need not complete the rest of t	his form except	☐ Yes	☑ No
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Date Signatu	ire			

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GENDA ITEM NO: 2 SUBJECT/ADDRESS/TOPIC CAP				
OUR NAME Jennifer Argelon Dev DATE 2/10/2020				
OUR ADDRESS 1715 Frie Court				
lease 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				
t this meeting are you representing an organization or a person other than yourself: Yes 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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AGENDA ITEM NO. 5510 SU	BJECT/ADDRESS/TOPIC OSCA	Maye	1 Spec	ArcaPlan U
AGENDA ITEM NO. 5810 SU YOUR NAME Lauren He	lman DATE	2/10/	120	
YOUR ADDRESS 2717 Da	chle 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		ot wish to	
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At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answere	ed "yes," go	Yes on to the ne	No ext 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 the	his form.	☐ Yes	□ No
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Date S	ignature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

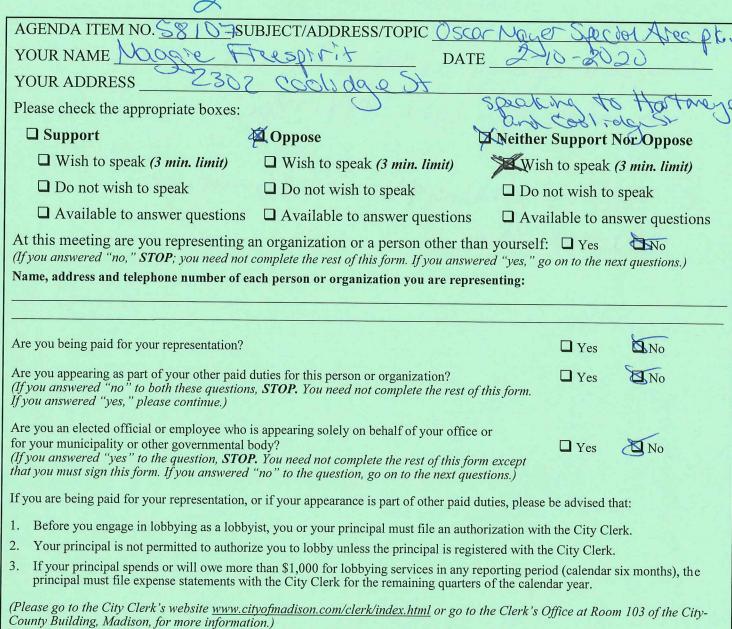
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2

PLAN COMMISSION REGISTRATION FORM

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Please check the appropriate boxes: Support	YOUR NAME Beth Sluys	DATE	Feb 10, 2020		
Please check the appropriate boxes: Support	YOUR ADDRESS 574 Nova (WAY 53704			
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not wish to speak □ Do					
□ 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 □ Available to answer questions □ Name, address and telephone number of each person or organization you are representing: □ Available to answer questions. □ Name, address and telephone number of each person or organization you are representing: □ Available to answer questions. □ Name, address and telephone number of each person or organization you are representing: □ Available to answer questions. □ Name, address and telephone number of each person or organization you are representing. □ Yes □ No [If you answered "no" to both these questions, STOP. You need not complete the rest of this form. □ Yes □ No [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	☐ Support	Oppose	Neither Support N	or Oppose	
□ 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: □ Olores No Yes □ No 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.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	☐ Wish to speak (3 min. limit)				
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Signature

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NOSU	JBJECT/ADDRESS/TOPIC OS CA	W Merrer		
YOUR NAME BEVING ARU	Mail DAT	E 2 (10/20		
YOUR ADDRESS 622 Nover	455			
Please check the appropriate boxes:			The state of the second	
☐ Support	□ Oppose	☐ Neither Support	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	₩ish to speak		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to		
☐ Available to answer questions	☐ Available to answer questions			
At this meeting are you representing a (If you answered "no," STOP; you need not o	n organization or a person other the complete the rest of this form. If you answ	an vourself. \(\sigma\) Ves	□ No	
Name, address and telephone number of ea	ich person or organization you are repr	esenting:	on quositons,	
Are you being paid for your representation?		☐ Yes	No	
Are you appearing as part of your other paid of	luties for this person or organization?		₩ 140	
(If you answered "no" to both these questions If you answered "yes," please continue.)	s, STOP. You need not complete the rest of	f this form.	No No	
Are you an elected official or employee who i	s appearing solely on behalf of your office			
for your municipality or other governmental b (If you answered "yes" to the question, STOP that you must sign this form. If you answered	You need not complete the rest of this for	☐ Yes rm except estions.)	No	
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AGENDA ITEM NO. 2 SU	BJECT/ADDRESS/TOPIC	MSAP	upda	+
YOUR NAME Lesleigh	Luftrell DATE	2/10	/20	
YOUR ADDRESS 1906)	Kropt Ave Modi	son Wa	F	
Please check the appropriate boxes:				
□ Support	□ Oppose □	Neither Su	pport 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	Availab	ole to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not				☐ No t questions.)
Name, address and telephone number of each of the series o	ach person or organization you are represe	enting:		
Are you being paid for your representation?			Yes	☑ No
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Date 2/10/20	Signature			

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO.5 8/01 SU	JBJECT/ADDRESS/TOPICOなる	RMAYLI	CUPI	ATK.	
YOUR NAME DAVED NIAMONDSTONE DATE 2/10/20					
YOUR ADDRESS 2625	COOLIDGE ST.				
Please check the appropriate boxes:					
□ Support	□ Oppose	Neither S	Support 1	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			(3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak		ot wish to		
☐ 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	an organization or a person other the complete the rest of this form. If you answ.	an yourself:	Yes	(No	
Name, address and telephone number of ea	ach person or organization you are repr	esenting:		an questions.)	
Arayou haing maid for your many of the D					
Are you being paid for your representation?			☐ Yes	□ No	
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Date S	signature		(((((((((((((((((((

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	BJECT/ADDRESS/TOPIC_(tartm	leyer Nati	usal Arex	
YOUR NAME Mary John		Feb 10,	2020	
YOUR ADDRESS 1708 Frem	ont Ave			
Please check the appropriate boxes:				
⊠ Support	☐ Oppose ☐	Neither Supp	ort Nor Oppose	
☑ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to sp	eak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	h to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available t	o 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	d "yes," go on to t		
Friends of Hartmeyer		ating.		
Are you being paid for your representation?		□ Y	es 🛮 No	
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Date Feb 10, 2020 Signature Mary & John &				

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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC OSCAL	May	el Spec	c Area Plan
YOUR NAME EACH E	Fles DATE	2/10	1/202	0
YOUR ADDRESS 2717	Dahle St.			
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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	lable to an	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other than complete the rest of this form. If you answered	yourself: d "yes," go	Yes on to the ne	No ext questions.)
Name, address and telephone number of ea				
A		TOTAL		M
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.)	luties for this person or organization? s, STOP. You need not complete the rest of th	is form.	☐ Yes	No
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Date 2/10/2020 S	Signature Employee	p	1	

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC							
YOUR NAME PAUL NORTHER DATE 2020 02/09							
YOUR ADDRESS							
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 question						
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 ea	ch person or organization you are rep	presenting:					
PAUL NOELDNER, 136 KENSNOTEN							
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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2

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 508107 SUBJECT/ADDRESS/TOPIC Oscar Mayor Special Aven Plan								
YOUR NAME David Bierman DATE 2/10/2020 YOUR ADDRESS 5/4 Nova Way Madison WI 53704								
YOUR ADDRESS 514 Nova Way Madison WI 53704								
Please check the appropriate boxes:								
□ Support	M 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	speak					
☐ Available to answer questions	☐ Available to answer questions ☐ Available to answer question							
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Are you being paid for your representation?		☐ Yes	□ No					
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Date S	Signature							

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	AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Clear Mayer Po							
	YOURNAME Anita Weier DATE Feb. 10, 2019							
	YOUR ADDRESS 20 Golf Par Kway, Madeson 53704							
	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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	Date Feb. 10, 2019 Signature That the Courables							

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Beth Sluys

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. <u>508/07</u> SU	BJECT/ADDRESS/TOPIC_	Oscar Mo	yer Special (Trea Plan -			
AGENDA ITEM NO. <u>508/07</u> SU YOUR XAM <u>514 NOVA WA</u>	4 53704	DATE Fe	\$ 10, 202	20			
YOUR ADDRESS							
Please check the appropriate boxes:							
☐ Support	oport Depose Depose Depose Depose Depose						
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. lin	nit)	☐ 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 que	stions 🗖	☐ Available to answer questions				
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Name, address and telephone number of ea	nch person or organization you a	re representing	g:				
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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, STOP. You need not complete the	on? e rest of this for	Yes rm.	□ No			
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