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| | BJECT/ADDRESS/TOPIC //// | na largare |
| YOUR NAME (MAY LINE | MALUEQ DATE | 816/12 |
| YOUR ADDRESS 944 US | h Un Stoughton | w l' |
| Please check the appropriate boxes: | U | |
| 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 each of the control of the c | ach person or organization you are repres | enting: Parkway |
| Tracusor (490) | 201-1100 | |
| 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 state of the complete the rest of the state of t | this form. |
| 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? P. You need not complete the rest of this form | n except Yes No |
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| 2. Your principal is not permitted to authori | ze you to lobby unless the principal is regis | tered with the City Clerk. |
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| (Please go to the City Clerk's website www.ci County Building, Madison, for more informated Date 6 | ityofmadison.com/clerk/index.html or go to it ion.) Signature | the Clerk's Office at Room 103 of the City- |

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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| AGENDA ITEM NO. 4 SU | JBJECT/ADDRESS/TOPIC Ag | race Tailgate | |
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| YOURNAME Harcia U | Ohittington DAT | E 8-6-42 | |
| YOUR ADDRESS 1700 A | lexandria Ct. We | aunakee W) | |
| 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 | ilable to answer questions | | |
| At this meeting are you representing an organization or a person other than yourself: 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.) Name, address and telephone number of each person or organization you are representing: \[\text{Agrace Hospia (1008 - 327 - 1209)} \] | | | |
| 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? as, STOP. You need not complete the rest of | of this form. | |
| 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 rest of this fo | orm except | |
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| 3. If your principal spends or will owe mor principal must file expense statements w | e than \$1,000 for lobbying services in any rith the City Clerk for the remaining quarte | reporting period (calendar six months), the ers of the calendar year. | |
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| AGENDA ITEM NOSU | BJECT/ADDRESS/ | TOPIC Agrac | 13 13 een 6. | erdy |
|--|--|---|--|--------------------|
| YOUR NAME HANS 130, | BJECT/ADDRESS/ rcherding | DATE_ | 8-6-12 | |
| | Tefferson | | | |
| 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 s | speak | ☐ Do not wish to | speak |
| ☐ Available to answer questions | Available to ans | swer questions | ☐ Available to an | swer questions |
| At this meeting are you representing an organization or a person other than yourself: 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.) | | | | |
| Name, address and telephone number of ea | nch person or organizat | tion.you are represe the AZ | nting: | |
| | | | | |
| 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.) | | | ☐ Yes ais form. | 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? P. You need not complete | the rest of this form | ☐ Yes except | □ No |
| If you are being paid for your representation, | or if your appearance is | part of other paid dut | ties, please be advised t | hat: |
| 1. Before you engage in lobbying as a lobby | vist, you or your principa | ıl must file an authori | ization with the City C | lerk. |
| 2. Your principal is not permitted to authori | ze you to lobby unless th | ne principal is registe | red with the City Clerk | |
| 3. If your principal spends or will owe more principal must file expense statements with the statement of t | than \$1,000 for lobbying the the City Clerk for the | g services in any representation remaining quarters o | orting period (calendar of the calendar year. | six months), the |
| (Please go to the City Clerk's website www.ci County Building, Madison, for more informat | ityofmadison.com/clerk/i ion.) | ndex.html or go to th | e Clerk's Office at Roo | m 103 of the City- |
| Date $\xi - \zeta - h$ | Signature 7Jun | Truled | | |

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| AGENDA ITEM NO. 27249 SU | BJECT/ADDRESS/TOPIC Bea | er Garden |
|--|--|---|
| YOUR NAME Oleg Brow | tman DATE | 8/6/12 |
| YOUR ADDRESS 1522 J | efferson 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 (3 min. limit) |
| ☐ Do not wish to speak ☐ 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 Name, address and telephone number of each | complete the rest of this form. If you answere | d "yes," go on to the next questions.) |
| 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 of the | □ Yes □KNo is form. |
| Are you an elected official or employee who for your municipality or other governmental leading (If you answered "yes" to the question, STOR 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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| Date $8/6/12$ | Signature Oleg Broyts | name |
| | | |

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| AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC (042) | Sarden |
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| YOUR NAME Jug Ellingon DATE 8 | 16/12- |
| YOUR ADDRESS 1972 Villas Miz | |
| Please check the appropriate boxes: | |
| □ Support □ Oppose □ Neit | her 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 ☐ I | Do not wish to speak |
| ☐ Available to answer questions ☐ Available to answer questions ☐ A | Available to answer questions |
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| | |
| 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 ☐ No n. |
| 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.) | Yes No |
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| Date 86/12 Signature SWAM Alle | ým |

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| AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC AGENCE HOSPICE TAILGUTE |
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| YOUR NAME JOSH BUCULIK DATE 8/6/12 |
| YOUR ADDRESS 5401 PENNY LAWE MADISON \$3718 |
| 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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| Name, address and telephone number of each person or organization you are representing: FRANK KEEL DISTRIBUTORS ZIIS PLEUSANT VIEW 20 MIDDLETON 53562 |
| |
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| Date B/G/17 Signature |

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