AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC	ownsworm	vi Houses
YOUR NAME Marla	maeder DAT	E 2/10/2	10
YOUR ADDRESS 5030	D La Gosse L	N mao	tism
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 t	o speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a	answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of each	complete the rest of this form. If you answ	ered "yes," go on to the	No next 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	☐ Yes of this 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 fo	Yes orm except	□ No
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 authori 			
If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in any	reporting period (calenda	
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	ion.)		om 103 of the City-
Date 5/20/50	Signature \text{Volume of } \text{V}	nede	

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AGENDA ITEM NO. 12 SU	BJECT/ADDRESS/TOPIC	-in 18+B	
	COLDEN DAT	E Deb. 10, 21	020
YOUR ADDRESS 5066	marathen Dr, ma	dison Wi 58	705
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	n 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 xt questions.)
Name, address and telephone number of ea	ch person or organization you are repr	resenting:	
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? or STOP. You need not complete the rest of	Yes f this form.	No No
Are you an elected official or employee who is for your municipality or other governmental by (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 fo	☐ Yes	☑ No
If you are being paid for your representation, or	or if your appearance is part of other paid	duties, please be advised th	aat:
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an aut	horization with the City Cle	erk.
2. Your principal is not permitted to authorize	ze you to lobby unless the principal is reg	istered with the City Clerk.	
3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any the City Clerk for the remaining quarte	reporting period (calendar s rs of the calendar year.	six months), the
(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			

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AGENDA ITEM NO. / > SU	BJECT/ADDRESS/TOPIC	1 - DAIR	
YOUR NAME Respector	Car /S(M) DAT	E 2 (2/2)	020
YOUR ADDRESS 5 ()/o/o	Mara Hom Dr	Madison	(1-)7
Please check the appropriate boxes:	man con on.	Market	1007
1-0	☐ Oppose	☐ Neither Support N	Jor Opposo
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	
Do not wish to speak	☐ Do not wish to speak	•	
		☐ Do not wish to	1
	☐ Available to answer questions		10
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other the	an yourself: Yes	No No
Name, address and telephone number of ea			xy questions.)
		7	
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	Yes fthis form.	□ No
Are you an elected official or employee who is for your municipality or other governmental be (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 fo	☐ Yes	□ No
If you are being paid for your representation, or	or if your appearance is part of other paid	duties, please be advised th	nat:
 Before you engage in lobbying as a lobby Your principal is not permitted to authorize If your principal spends or will owe more principal must file expense statements with 	ze you to lobby unless the principal is reg than \$1,000 for lobbying services in any	istered with the City Clerk.	
(Please go to the City Clerk's website www.cit County Building, Madison, for more informati	tyofmadison.com/clerk/index.html or go to	o the Clerk's Office at Roon	n 103 of the City-
Date 2/10/2020 S	ignature Lebeco	o Carl	

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AGENDA ITEM NO. 17 SU	BJECT/ADDRESS/TOPIC Touris	+ Rooming Ho	were
YOUR NAME Jay Ford	DATE	2-20-22	0505-01-
YOUR ADDRESS 5026 M	Arathon Dr		
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 a	nswer questions
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 on to the n	No ext questions.)
Name, address and telephone number of ea	ach person or organization you are represe	enting:	
The second secon			
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 organization? s, STOP. You need not complete the rest of the	his form.	⊠ No
Are you an elected official or employee who for your municipality or other governmental to (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
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised	that:
1. Before you engage in lobbying as a lobby	yist, you or your principal must file an author	rization with the City C	lerk.
	ze you to lobby unless the principal is registe		
3. 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 statements.	e than \$1,000 for lobbying services in any report that the City Clerk for the remaining quarters of	porting period (calendar of the calendar year.	six months), the
(Please go to the City Clerk's website www.cs County Building, Madison, for more informated Date 2-10-2020	ityofmadison.gom/clerk/index.html or go to the ion.) Signature	he Clerk's Office at Roo	om 103 of the City-
	/ //		

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#12

PLAN COMMISSION **REGISTRATION FORM**

AGENDA ITEM NOS 8895 SUBJECT/ADDRESS/TOPIC / mma			
YOUR NAME Jurly	Vrouin DAT	$E \cap (2/)$	0/2020
YOUR ADDRESS 55	137 Wintergreen	N rive	
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	sh 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	an organization or a person other that complete the rest of this form. If you answer	an yourself: UY ered "yes," go on to	es 🔼 No the next questions.)
Name, address and telephone number of ea	ach person or organization you are repr	esenting:	
Are you being paid for your representation?		□ Y	es 🗖 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.	es 🗖 No
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.)			
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3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in any that the City Clerk for the remaining quarter	reporting period (cale rs of the calendar yea	endar six months), the r.
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Date S	Signature		

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AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC Laning text Homendmen
YOUR NAME Gackie Scott DATE 2/10/2020
YOUR ADDRESS 65/4 Mendota Ave Middleton Wi
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 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.)
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.)
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Date 2/10/2020 Signature facture Colf

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AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC Towist Ro	omine	House
YOUR NAME Sourah Van Riet DATE 02-10	T. Contract of the Contract of	
YOUR ADDRESS 5034 Marathon Dr, madison		
Please check the appropriate boxes:		
	Support N	or Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	n to speak (3	3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do n	ot wish to s	peak
	lable to ans	wer 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	Yes on to the nex	☑ No ct 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	☑ No
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
If you are being paid for your representation, or if your appearance is part of other paid duties, please	be advised that	at:
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with th		
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Date 2/10/20 Signature Sarah Van Riet		

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AGENDA ITEM NO. 2 SU	JBJECT/ADDRESS/TOPIC	ist Roo	mun	a Hous
YOUR NAME Amy J, Force	DAT		0/20	de
YOUR ADDRESS 5026	Marathon Dri	ve 1	Madi	ison Wi
Please check the appropriate boxes:				53705
□ 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	an organization or a person other the complete the rest of this form. If you answe	an yourself: ered "yes," go	Yes on to the ne	U-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 of	f this form.	☐ Yes	□ No
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 fo	rm excent	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please	be advised t	hat:
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Date 02/10/2020 5	Signature Conf.	ord/		

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AGENDA ITEM NO. 57815 SUBJECT/ADDRESS/TOPIC		
YOUR NAME Jahna Hand DATE 2-10-DO		
YOUR ADDRESS 1224 Carpenter St.		
Please check the appropriate boxes:		
□ Support □ Neither Support Nor Oppose		
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 \(\lambda\) 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?		
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Date $2-0-2\alpha$ Signature		

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AGENDA ITEM NO. L SUBJECT/ADDRESS/TOPIC R
YOUR NAME TEZ DALY DATE Z/10/ZO
YOUR ADDRESS 1112 LINKOLN 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 SAVE FOR MARCH ? 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 \(\sigma\) 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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(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 2 0 2 Signature

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AGENDA ITEM NO. 58895 SUBJECT/ADDRESS/TOPIC TRH		
YOUR NAME Mauraen Engelberger DATE 2-1	0-20	5
YOUR NAME Maureen Engelberger DATE 2-1 YOUR ADDRESS 4502 Diamond Dr.		
Please check the appropriate boxes: Support Oppose Acch 9 Neither		
□ 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	not wish to s	speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available	ilable to ans	wer 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	Yes on to the nex	No et 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	□ No
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the		
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting perior principal must file expense statements with the City Clerk for the remaining quarters of the calen	od (calendar s dar year.	ix months), the
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Date Signature		

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#12

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 588 95 SUBJECT/ADDRESS/TOPIC TRHISSNE
YOUR NAME Any Freelich DATE 2/10/2070
71000
YOUR ADDRESS 555 GLEN Drive
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose
☐ 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 2/10/2020 Signature Amy Frolich

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AGENDA ITEM NO. 45 + 12 SU	JBJECT/ADDRESS/TOPIC	Lange text an	endrest		
YOUR NAME RUCK MORE DATE 2/10/20					
YOUR ADDRESS 713 0	RION CT				
Please check the appropriate boxes:					
□ Support	□ Oppose March 9	☐ 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 questi	ions	swer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not			No xt questions.)		
Name, address and telephone number of ea	ach person or organization you are	representing:			
Are you being paid for your representation?		☐ Yes	No No		
Are you appearing as part of your other paid of (If you answered "no" to both these question. If you answered "yes," please continue.)			No 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 ti	☐ Yes	Þ.No		
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AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC TRH Rule Changes				
YOUR NAME Ben Brubaker DATE Feb 10, 2020				
YOUR ADDRESS 619 Eugenia Ave Madison				
Please check the appropriate boxes:				
□ Support □ Oppose March 9 □ 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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Are you being paid for your representation?				
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Date feb 10,2020 Signature but				

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AGENDA ITEM NO / SI				
YOUR NAME SAMANTHA CROWNOUTR DATE 2/10/20				
YOUR ADDRESS 2702	Kendall Are. Msn			
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	
(If you answered "no," STOP; you need not	an organization or a person other than to complete the rest of this form. If you answere each person or organization you are representation.	ed "yes," go on to the ne	☑ No ext questions.)	
	acii person or organization jou are repress	ending.		
Are you being paid for your representation?		☐ Yes	□ No	
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AGENDA ITEM NO. 12 SU	BJECT/ADDRESS/TOPIC Zonin	a Text Amen	donest	
YOUR NAME DONNA BUCKOLTZ DATE 3/10/2020				
YOUR ADDRESS 3314 BUINCY Ave, Madison 53704				
Please check the appropriate boxes:				
□ Support	Oppose March 9	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 ans	swer questions	
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	ten person of organization you are represen	ung.		
Are you being paid for your representation?		☐ Yes	ĎKNo	
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	Yes S form.	X No	
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	is appearing solely on behalf of your office or oody? P. You need not complete the rest of this form enum on the the next question, go on to the next question.	Yes xcept ns.)	` ⊠ No	
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Date 3/10/2020 S	Signature <u>Lowa A. Buchok</u>	2		

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LOTTE LANGUE LO	6	1 1	
AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC Zonly Tex	I am	wager	
YOUR NAME NOVY Bycholt DATE 2/1	0/202	0	
YOUR ADDRESS 33/4 Parkey Aves Madisa, Cr	1 5370	24	
Please check the appropriate boxes:			
□ Support □ Suppose March □ Neither	Support	Nor 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 r	ot wish to	speak	
☐ Available to answer questions ☐ Available to answer questions ☐ Available	ilable to ar	nswer questions	
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Name, address and telephone number of each person or organization you are representing:		1	
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PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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