AGENDA ITEM NO. 5 6 SU	JBJECT/ADDRESS/TOPIC 503 5.	PARK S	76	
YOUR NAME Joe GAllin	DATE 10-	-1-12		
YOUR ADDRESS /O/ EAST	MAIN ST. MT. Honeb, L	(fi		
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	h 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 ☐ Available	ilable to an	swer questions	
	an organization or a person other than yourself: complete the rest of this form. If you answered "yes," go		☐ No ext questions.)	
Name, address and telephone number of e	each person or organization you are representing:			
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A			D	
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 10-1-12 Signature Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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11 Speakers

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 546 SU	BJECT/ADDRESS/TOPIC 507	2 S. Park St		
YOUR NAME Crarq Ensenroth DATE 10/1/12 YOUR ADDRESS 101 E. Man St Mt. Hordo, WI				
YOUR ADDRESS 101 E.	. Man St Mt. Horck	D, WI		
Please check the appropriate boxes:		•		
•	□ Oppose □	l 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 ans	wer 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:				
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Date 10/1/12 S	Signature 19			

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AGENDA ITEM NO. <u>与もし</u> SU	BJECT/ADDRESS/TOPIC 502	S. PARK ST IDEAL		
YOUR NAME SCOTT DAVI	S DATE	10.1.12		
YOUR ADDRESS 23/10 CROSS.	ROADS DR MADISON WI	53718		
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 o	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)		
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Please call last-clean-up

AGENDA ITEM NO. 🗸 ६ 💪 SU	BJECŢ/ADDRESS/TOPIC57	DZPEXE & 91	7-925 Dreek
YOUR NAME RONG HUT	rochten sens DATE	10/1/12	
YOUR ADDRESS 33 Fast	Main A #0505, 1	nadison	53703
Please check the appropriate boxes:	•		_
☑ Support	□ Oppose □	☐ Neither Suppor	t Nor Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	ık (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 a Name, address and telephone number of each	complete the rest of this form. If you answer	ed "yes," go on to the	☐ No next questions.)
- ne callin	a Companies	•	
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	☐ Yes this form.	☑ No
Are you an elected official or employee who for your municipality or other governmental the (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 for	☐ Yes m except	No
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YOUR NAME				
YOUR ADDRESS				
□ 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				
☐ 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				
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☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions				
1 Transfer to district quotions				
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AGENDA ITEM NO. 546 SU	JBJECT/ADDRESS/TOPIC ID	BAL Project		
YOUR NAME Constants	rs Chous DAT	E10/1/12		
YOUR ADDRESS 420- 424	5. Park 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		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		
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AGENDA ITEM NO. 500 6SUBJECT/ADDRESS/TOPIC I leal				
YOUR NAME Kate Mac Con mondon DATE				
YOUR ADDRESS 920	Emerald St. M	adis	000	-
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	ı 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
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			·	
Are you being paid for your representation?			☐ Yes	No
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AGENDA ITEM NO. 5-6 SUBJECT/ADDRESS/TOPIC 502 5. Park 917-925 Drate St.				
YOUR NAME Stuart E. Ectes DATE 10-1-12				
YOUR ADDRESS 417 5. Brooks St., Hudison, WI 53715.				
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				
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AGENDA ITEM NO. 5+4 SUBJECT/ADDRESS/TOPIC			
YOUR NAME Caitin Seifed DATE 10/1/2012			
YOUR ADDRESS 1122 Haywood Drive			
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			
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AGENDA ITEM NO. 5 \$ 6 SUBJECT/ADDRESS/TOPIC Ideal development				
YOUR NAME CYNTHIA WILLIAMS DATE 10-1-12				
YOUR ADDRESS 1001 Brale Street				
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 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 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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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	this form.	☐ Yes	No
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Date S	ignature			•

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 5,6 SUBJECT/ADDRESS/TOPIC Local			
YOUR NAME Zacca: La	DATE	5/1/0	
YOUR ADDRESS	neisld Missison, W. 5	3715	
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	n yourself: Yes No red "yes," go on to the next questions.)	
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5/6

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NOSUBJECT/ADDRESS/TOPIC/.	deal bedy shop		
YOUR NAME Ruth Carpenses DATE Oct 1, 2012			
YOUR ADDRESS 501 S. Mills 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		
☐ Available to answer questions ☐ Available to answer question	as		
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	presenting.		
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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 If you answered "yes," please continue.)	t of this form.		
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AGENDA ITEM NO. 5, SU	JBJECT/ADDRESS/TOPIC LA	oal			
WOLDS LAND CONTRACTOR OF THE STATE OF THE ST					
YOUR ADDRESS 1157 FMEVALD ST DATE 10/1/2					
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				
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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.)	f this form.				
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	☐ Yes ☑No				
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AGENDA ITEM NO. #5+6 SUBJECT/ADDRESS/TOPIC					
YOUR NAME ED MASON DATE 10/1/2012					
YOUR ADDRESS 1157 EMERALD ST.					
Please check the appropriate boxes:					
□ Support	☑ Oppose	☐ Neither S	Support I	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	☐ Do not wish to speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	☐ Available to answer questions		
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Are you being paid for your representation?			☐ Yes	□ No	
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Date 10/1/2012 Signature Elward & Hason M					

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AGENDA ITEM NO. 5 6 SU	JBJECT/ADDRESS/TOPIC //	Illina				
YOUR NAME SUR Elling	2AM DATE	10/1/17-				
YOUR ADDRESS 1922 W	Ilas Avi					
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				
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Name, address and telephone number of ea	ach person or organization you are repre	senting:				
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Date 10 12 Signature DAM Wellings						

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

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