AGENDA ITEM NO. 8-10 SUI	BJECT/ADDRESS/TOPIC 301	W. JOHNSON	•
YOUR NAME MINE SU	MSU DATE	10/15/12	
YOUR ADDRESS 122 W. U	VASHIMGTON		
Please check the appropriate boxes:			
⊠ Support □	Oppose	Neither Support P	or Oppose
M 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 as (If you answered "no," STOP; you need not c	omplete the rest of this form. If you answered	d "yes," go on to the ne	☐ No xt questions.)
Name, address and telephone number of ear			
122 W. WASHINGTON	255-5175 (IMV)		
Are you being paid for your representation?		Yes	□ No
Are you appearing as part of your other paid d (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 rest of the	is form.	□ 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 form	☐ Yes excent	□ No
If you are being paid for your representation, o	or if your appearance is part of other paid dut	ies, please be advised th	aat:
Before you engage in lobbying as a lobby	ist, you or your principal must file an authori	zation with the City Cle	erk.
	te you to lobby unless the principal is register	-	
If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any repo h the City Clerk for the remaining quarters o	orting period (calendar f the calendar year.	six months), the
(Please go to the City Clerk's website <u>www.cit</u> County Building Madison, for more informatic	vofmadison.com/clerk/index.html or go to the	e Clerk's Office at Room	n 103 of the City-
Date 10/15/12 S	ignature		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. SUBJECT	/ADDRESS/TOPIC	rovde 305-325
YOURNAME STEVE HOWHA		
YOUR ADDRESS 222 W. WAS		
Please check the appropriate boxes:		
Support	ose	☐ Neither Support Nor Oppose
Wish to speak (3 min. limit) U	sh 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 \(\square\) Av	ailable to answer questions	-
At this meeting are you representing an organ (If you answered "no," STOP; you need not complete	ization or a person other th the rest of this form. If you answ	an yourself: Yes No vered "yes," go on to the next questions.)
Name, address and telephone number of each person		_
Avanteet		
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid duties for (If you answered "no" to both these questions, STOP. If you answered "yes," please continue.)	this person or organization? You need not complete the rest of	of this form.
Are you an elected official or employee who is appear for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You ne that you must sign this form. If you answered "no" to the property of the propert	ed not complete the rest of this fo	orm except
If you are being paid for your representation, or if you	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 aut	horization with the City Clerk.
2. Your principal is not permitted to authorize you to		
3. If your principal spends or will owe more than \$1, principal must file expense statements with the Ci	000 for lobbying services in any cy Clerk for the remaining quarte	reporting period (calendar six months), the rs of the calendar year.
(Please go to the City Clerk's website <u>www.cityofmadi</u> County Building, Madison, for more information.)	son.com/clers/index)html or go to	o the Clerk's Office at Room 103 of the City-
Date /0 5 </ 2 Signature</td <th>/ de</th> <td></td>	/ de	

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AGENDA ITEM NO. 8,9410su	JBJECT/ADDRESS/TOPIC	JOHNSON
YOUR NAME ROSEMARY		10-15-12
YOUR ADDRESS/// W W ?	ISON #108 53703	10.0.
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 a Name, address and telephone number of ea	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)
Are you being paid for your representation?		
		☐ Yes ☐ 🕏
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 t	Yes No . 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, STOF 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	nties, please be advised that:
	ist, you or your principal must file an author	•
2. Your principal is not permitted to authorize	ze you to lobby unless the principal is registe	ered with the City Clerk.
 If your principal spends or will owe more principal must file expense statements with 	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of	porting period (calendar six months), the of the calendar year.
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more informati	tvofmadison com/clerk/index html or go to the	∴ Control of the Con
DateS	Signature	

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AGENDA ITEM NO. 8-10 SU	JBJECT/ADDRESS/TOPIC Proprie	I Domo/Resoning on John 4to	d h
YOUR NAME Potor J. Q.		10-13-12	Z[]
YOUR ADDRESS 344 W. Or			_
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	s ·
At this meeting are you representing an organization or a person other than yourself: Yes Wo 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?		☐ Yes	
Are you appearing as part of your other paid of (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 ☑No this form.	
Are you an elected official or employee who for your municipality or other governmental that 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 forn	m ercent	
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please be advised that:	
	yist, you or your principal must file an autho	•	
	ize you to lobby unless the principal is regist		
3. If your principal spends or will owe more	e than \$1,000 for lobbying services in any re ith the City Clerk for the remaining quarters	morting period (calendar six months) the	
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	<u>tvofmadison.com/clerk/index.html</u> or go to t ion.)	the Clerk's Office at Room 103 of the City-	-
Date 10-15-12S	Signature 2		

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AGENDA ITEM NO. 488 SU	BJECT/ADDRESS/TOPIC HOU	DE	PROJEC	7
YOUR NAME MARY KO	AR DATE		15,2	
YOUR ADDRESS 333 WES	•			
Please check the appropriate boxes:	,			
Support	□ Oppose □	Neither	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	□ Do 1	not wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Ava	ilable 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 answere	yourself ed "yes," g	Yes	□ No
Name, address and telephone number of ea	ach person or organization you are represe Steering Committee	enting:		
	January Comments			
Are you being paid for your representation?			☐ Yes	O 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	AK 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.)				
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please	be advised t	hat:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
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Date S	Signature May W. Speller	•	•	

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AGENDA ITEM NO. 979 SUBJECT/ADDRESS/TOPIC 305-325	W. Johnson Street		
YOUR NAME Ald. Mike Verveet DATE 19/	15/12		
YOUR ADDRESS 614 W. Doty Street, #407	•		
Please check the appropriate boxes:			
Support □ Oppose □ 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 not wish to speak			
☐ Available to answer questions ☐ Available to answer questions ☐ Avai	ilable 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:			
- Transcontinuity			
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		
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index fitml or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date			
Dignature			

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AGENDA ITEM NO 3,9,10 SU	BJECT/ADDRESS/TOPIC 309	W. Johnson
YOUR NAME VICTOR VILLA CI	rez DATE	10/15/12
YOUR ADDRESS 248 Med	adomside or Verbar	
Please check the appropriate boxes:		
Support	□ Oppose □	l 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	n organization or a person other than	vourself Yes D No
Name, address and telephone number of ea	ch person or organization you are repres	enting:
A		L a
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.
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this form	Yes XNo
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AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC 309 JOHNSON
YOUR NAME NATHAN WALLTIER DATE 10/15/12
YOUR ADDRESS 22 East Milfin, Suite 600, MADISON
Please check the appropriate boxes:
Support Doppose 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: \(\sum \) Yes \(\sum \) 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:
Hoyde Properes, LLC
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 10/15/12 Signature 1000

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