AGENDA ITEM NO. 3	JBJECT/ADDRESS/TOPIC CFA	ndvířs	v Co	WENTU US	
YOUR NAME Result DATE 13-7-13					
YOUR ADDRESS 12/8 Alexandria Lane Modifica 53718					
Please check the appropriate boxes:	,	7 0		,	
☐ 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)				(3 min. limit)	
☐ Do not wish to speak				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:					
-					
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.)					
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date	Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 3 SUBJECT/ADD	RESS/TOPIC Grant	les Comme	5ec S		
YOUR NAME Dean Makegale	DATE_	Dec 3, 20	12		
YOUR ADDRESS 738 McLean Drive Madison					
Please check the appropriate boxes:					
☐ Support Oppose	□N	either Support No	or Oppose		
☐ Wish to speak (3 min. limit)	speak (3 min. limit)	Wish to speak (3)	min. limit)		
☐ Do not wish to speak ☐ Do not w	rish to speak	☐ Do not wish to sp	peak		
☐ Available to answer questions ☐ Availabl	e to answer questions	☐ Available to ansv	wer questions		
At this meeting are you representing an organization (If you answered "no," STOP; you need not complete the res	n or a person other than yo t of this form. If you answered "	ourself: 🛮 Yes yes," go on to the next	No questions.)		
Name, address and telephone number of each person or o	rganization you are representi	ing:			

Are you being paid for your representation?		☐ Yes	□ №		
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. Your principal is not permitted to authorize you to lobby					
3. If your principal spends or will owe more than \$1,000 for principal must file expense statements with the City Cler	lobbying services in any report of for the remaining quarters of the	ing period (calendar si he calendar year.	x months), the		
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Date Signature					

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AGENDA ITEM NO. DIV	SJECT/ADDRESS/TOPIC (SV)	andurugiveni		
YOUR NAME Y/V/X/VA X	AVIS DATI	E 12/3/13		
YOUR ADDRESS 729 ON C	on Trail			
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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	-			
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	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 "	ody? . You need not complete the rest of this for	rm except Yes No		
If you are being paid for your representation, o	or if your appearance is part of other paid	duties, please be advised that:		
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2. Your principal is not permitted to authoriz	·			
 If your principal spends or will owe more principal must file expense statements with 	than \$1,000 for lobbying services in any in the City Clerk for the remaining quarter	reporting period (calendar six months), the so of the calendar year.		
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more information Date 213 13	yofmadison.com/clerk/index.html or go to on.)	the Clerk's Office at Room 103 of the City-		

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AGENDA ITEM NO. 3. SUBJECT/ADDRESS/TOPIC COLONIEW GRACERY			
YOUR NAME BEIAN MONSON DATE DEC. 3, 2012			
YOUR ADDRESS 170 FAST LAKESIDE			
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: 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:			
375A N. BALLARO ROAD, APPLRETON			
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 DEC. 3, 7017 Signature			

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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 5925 SHAPES	BURG				
YOUR NAME BRIAN MUNSON DATE 12/3	112				
YOUR ADDRESS 120 FLAST LAKESIDE					
Please check the appropriate boxes:					
☑ Support ☐ Oppose ☐ Neither S	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	ot wish to speak				
△ Available to answer questions □ Available to answer questions □ Avail	lable to answer 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					
Name, address and telephone number of each person or organization you are representing:					
6851 SOUTH TOWN DRIVE					
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 12/5/17 Signature					

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A CITY ID A INTO A COLOR					
AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC	• .			
YOUR NAME LOUVEN CHOIR DATE 12-3.12					
YOUR ADDRESS 5218 LOVING UMA TO CODI.					
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	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)			
Name, address and telephone number of ea	ach person or organization you are represe	enting:			
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Date 2.3.12 Signature All March					

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 255 SU	JBJECT/ADDRESS/TOPIC	Janoliew			
YOUR NAME ALDER JILL	OHNGON	DATE	/12_		
	6102 Jasis ax	In Madison			
Please check the appropriate boxes:		, <u> </u>			
	☑ Oppose	☐ Neither Support	Nor Oppose		
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	nit)	(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	nswer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not a	complete the rest of this form. If yo	ou answered "yes," go on to the r	☐ No next questions.)		
Name, address and telephone number of ea	ach person or organization you a	re 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.)					
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 o	f this form except	□ No		
If you are being paid for your representation,	or if your appearance is part of oth	er paid duties, please be advised	that:		
1. Before you engage in lobbying as a lobby	yist, you or your principal must file	an authorization with the City C	lerk.		
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 If your principal spends or will owe more principal must file expense statements wi 	e than \$1,000 for lobbying services th the City Clerk for the remaining	in any reporting period (calenda quarters of the calendar year.	r six months), the		
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1		Matadens Date	12/31	2012	
	YOUR ADDRESS OI 1 Nov	the Star Dr.			
]	Please check the appropriate boxes:				
	☐ Support	*Oppose 🗆 N	Neither :	Support I	Nor Oppose
	☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)
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(If you answered "no," STOP ; you need n	g an organization or a person other than you ot complete the rest of this form. If you answered feach person or organization you are represent	"yes," go	on to the ne	No ext questions.)
		•			
_	Are you being paid for your representation	?		☐ Yes	□ No
	Are you appearing as part of your other pai		form.	☐ Yes	□ No
	Are you appearing as part of your other pain of your answered "no" to both these question of you answered "yes," please continue.) Are you an elected official or employee where your municipality or other governments of your answered "yes" to the question, ST	id duties for this person or organization? ons, STOP. You need not complete the rest of this no is appearing solely on behalf of your office or	ccent		
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	Are you appearing as part of your other pain of you answered "no" to both these questing you answered "yes," please continue.) Are you an elected official or employee who your municipality or other governments of you answered "yes" to the question, ST that you must sign this form. If you answered fyou are being paid for your representation. Before you engage in lobbying as a lot. Your principal is not permitted to author. If your principal spends or will owe me	id duties for this person or organization? cons, STOP. You need not complete the rest of this no is appearing solely on behalf of your office or al body? COP. You need not complete the rest of this form ex ed "no" to the question, go on to the next question on, or if your appearance is part of other paid duties bbyist, you or your principal must file an authoriza	scept ns.) s, please lation with d with the	Yes Yes De advised to the City Cle City Clerk	□ No □ No hat:
	Are you appearing as part of your other pain of you answered "no" to both these question of you answered "yes," please continue.) Are you an elected official or employee who your municipality or other governments of you answered "yes" to the question, ST that you must sign this form. If you answered fyou are being paid for your representation. Before you engage in lobbying as a lot. Your principal is not permitted to author of the your principal spends or will owe may principal must file expense statements.	id duties for this person or organization? cons, STOP. You need not complete the rest of this no is appearing solely on behalf of your office or al body? OP. You need not complete the rest of this form ex ed "no" to the question, go on to the next question on, or if your appearance is part of other paid duties obsyist, you or your principal must file an authorizat orize you to lobby unless the principal is registered ore than \$1,000 for lobbying services in any report with the City Clerk for the remaining quarters of to excityofmadison.com/clerk/index.html or go to the O	scept s, please the stion with disting periodical the sting periodical ending the stin	Yes Yes De advised to the City Cle City Clerked (calendar lar year.	□ No □ No hat: erk. six months), the

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Addas Trash enclosed **REGISTRATION FORM** anclose Loading dodes Grandview Commons (AGENDA ITEM NO. (SUBJECT/ADDRESS/TOPIC YOUR NAME DATE YOUR ADDRESS Please check the appropriate boxes: **** Oppose □ 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 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: 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.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Signature

das HVAc units enclosed PLAN COMMISSION

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

- 1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.
 - Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
- 2. Public Hearing items may be called at any time after the beginning of the public hearing. The Plan Commission uses a consent agenda, which means that the Commission can consider any item at 6:00 p.m. where there are no registrants wishing to speak in opposition regardless of its placement on the agenda.
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AGENDA ITEM NO 3 SUBJECT/ADDRESS/TOPIC Gardoven Commons/Con
YOUR NAME Corolyn A. Mintgomery DATE 12-3-2
YOUR ADDRESS 1205 McLean Dr. Mad We 53718
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
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
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