

AGENDA ITEM NO. 28094 SU	BJECT/ADDRESS/TOPIC CoL-	DE-SAC YACATION			
YOUR NAME TON GUTHEIC DATE 12-3-2017.					
YOUR ADDRESS 6501	WATTS RD. MRAP & HUNT				
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			
(If you answered "no," STOP; you need not	an organization or a person other than complete the rest of this form. If you answered	d "yes," go on to the next questions.)			
Name, address and telephone number of each person or organization you are representing:  We see the second of the next questions.)  We have to be seen 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	is form.			
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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<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> <li>Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.</li> <li>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.</li> </ol>					
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> ox go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date 12-3-20(2 S	Signature You Studen				

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 2	<b>&amp;467</b> SUBJECT/ADDRI	ESS/TOPIC 6	25m M	KEHZIE	E 800 ·
YOUR NAME SEAH WALSK DATE 12/3/17					
YOUR ADDRESS >2	:0 BIRCH 10000	DRIVE	SAUR CI	ケイ	***************************************
Please check the appropria	te boxes:				•
🗖 Support	☐ Oppose		☐ Neither	Support No	or Oppose
☐ Wish to speak (3 min	. limit) 🔲 Wish to spe	eak (3 min. limit)	□ Wish	n to speak (3	min. limit)
Do not wish to speal	Do not wisl	h to speak	🗖 Do n	ot wish to sp	peak
🖎 Available to answer	questions	o answer question	ns 🛭 Avai	lable to ansv	wer questions
At this meeting are you rep (If you answered "no," STOP; )	ou need not complete the rest of	f this form. If you ans	swered "yes," go	Yes on to the next	□ No t questions.)
Name, address and telephone	number of each person or orga	anization you are re	presenting:	(0)	
831-5343	300 CORD,	71,120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ω <u>, τ</u>	
Are you being paid for your repr	esentation?			<b>⊠</b> 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.)					
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Date 12/3 [17	Signature	- 111	•		

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AGENDA ITEM NO. ZB467 SUBJECT/ADDRESS/TOPIC CSM McKeuble				
YOUR NAME John McKe	AZÍC DAT			
YOUR ADDRESS FRATE 902 Hidden Cave Rd Madison				
Please check the appropriate boxes:	•			
Ι ω. 6	□ Oppose	☐ Neither Support I	Nor Oppose	
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	•	
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:				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Are you being paid for your representation?		☐ Yes	<b>□</b> 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 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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AGENDA ITEM NO. <u>26467</u> SU	BJECT/ADDRESS/TOPICC	SM M	CKENZIE		
YOUR NAME ARIS GIALAMAS DATE 12-3-2012					
YOUR ADDRESS 817 5	ilver Soge trail				
Please check the appropriate boxes:	, ,				
Support	□ Oppose □	1 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 speak			
Available to answer questions	☐ Available to answer questions				
At this meeting are you representing a (If you answered "no," STOP; you need not	nn organization or a person other thar complete the rest of this form. If you answer	yourself: ed "yes," go	Yes on to the ne	☐ No xt questions.)	
Name, address and telephone number of ea	ach person or organization you are repres	enting:		,	
			Transition of the state of the		
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.)				ZKN0	
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 13/03/13	Signature				

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		WE DIE SIAC VI	BREAMOU	
AGENDA ITEM NO. <u>28467</u> SU	BJECT/ADDRESS/TOPIC	CSM Mcten	ME .	
YOUR NAME Jay Berns DATE 12-3-2012				
YOUR ADDRESS 9906 12/10	Leak Dr. Middle	Lon WI 5	358)	
Please check the appropriate boxes:				
⊠ Support [	☐ Oppose	☐ Neither Supp	oort Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to sp	peak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wi	·	
Available to answer questions	<b>_</b>			
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you a	r than yourself: $\Box$ ynswered "yes," go on to	Zes □ No	
Name, address and telephone number of ea	ich person or organization you are i	epresenting:		
Are you being paid for your representation?			res OKNo	
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 re	ust of this form.	es No	
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AGENDA ITEM NO. 2846 BU	IDTECT/ADDRESS/TORIS	allowa al			
	BIECT/ADDRESS/TOPIC //	Fencil Coi	7		
YOUR NAME BETHAN.	DC/W/ C DAT	E 12-3-12			
YOUR ADDRESS	vinding way, M	defeton, w	153562		
Please check the appropriate boxes:		1			
Support	☐ Oppose	☐ 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	,		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other th	an yourself:  Yes	□ No		
Name, address and telephone number of ea	ach person or organization you are room	ered "yes," go on to the ne	xt questions.)		
	ten person or organization you are repr	esenting:			
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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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