

AGENDA ITEM NO. / SUBJECT/ADDRESS/TOPIC FACILE HACKOR				
YOUR NAME MARK LANDGRAF DATE 1/14/13				
YOUR ADDRESS 5964 E	secutive Drzye			
Please check the appropriate boxes:				
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Wish to speak (3 min. limit)		☐ Wish to speak	~ ~	
☐ Do not wish to speak	* <u></u>	☐ Do not wish to	·	
☐ Available to answer questions	ATTACHE .	☐ Available to an	-	
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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 of this form. If you answered "yes," please continue.)				
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Date 114/3 Signature M				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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Please check the appropriate boxes: Support	YOUR ADDRESS 3089 Haw	ks Haven TR. DE	FOREST W	<u> </u>	
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YOUR ADDRESS 8401 64	Casice DR MADIS	ON
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	s	s
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YOUR NAME Keuh	Page DATE	3
YOUR ADDRESS 1023	Williamson 57-#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)
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Available to answer questions	☐ Available to answer questions	☐ Available to answer questions
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YOUR ADDRESS 8 Fuller	- Ct			
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☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	ot wish to	speak
Available to answer questions	☐ Available to answer question	ns 🛭 Avail	able to an	swer questions
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YOUR NAME DATE DATE 1/4/2013	
YOUR ADDRESS 3271 Lee South Ct. McForland, W1, 53558	
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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC	ALENEN
YOUR NAME \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	DAT SLAND	TE 1- 14-2013
YOUR ADDRESS 3263 5	aracen Way Vero	~ WI 53593
Please check the appropriate boxes:	\	
Support	☐ Oppose	☐ Neither Support Nor Oppose
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Date 1 14 13	Signature 1	

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC		•
YOUR NAME Rachele Ca	DISON DATE	1/14/13	
W	odana Rd Madisc	on WI	53714
Please check the appropriate boxes:			·
⊠ Support [□ Oppose □	Neither Support	t Nor Oppose
☑ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speal	k (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish t	to 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 o	complete the rest of this form. If you answered	l "yes," go on to the	☑No next questions.)
Name, address and telephone number of ea	ch person or organization you are represen	nting:	
Are you being paid for your representation?	A second control of the second control of th	☐ 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? In STOP. You need not complete the rest of this	Yes 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 of	Yes except	□ No
If you are being paid for your representation,	or if your appearance is part of other paid duti	es, please be advised	I 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 wit	th the City Clerk for the remaining quarters of	the calendar year.	ar our monino,, mo
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more informati	t <u>vofmadison.com/clerk/index.html</u> or go to the ion.)	: Clerk's Office at Ro	oom 103 of the City-
Date 1/14/13 s	ignature Ruchele Carel	DOM	

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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC 130	ed McF	Inthought:
YOUR NAME MAYLUM	Shienson DATE	1-14-	Jn 13
YOUR ADDRESS 1358 Mac	Ardry RD		
Please check the appropriate boxes:		ý.	
Support	□ Oppose □	Neither Sup	pport Nor Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		speak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak		vish to speak
☐ Available to answer questions	☐ Available to answer questions		e to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other than complete the rest of this form. If you answered	yourself: d "yes," go on t	Var Who
Name, address and telephone number of ea	ch person or organization you are represe	nting:	•
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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? In STOP. You need not complete the rest of the	is form.	Yes 🔲 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	ercent	Yes No
If you are being paid for your representation, or	or if your appearance is part of other paid dut	ies, please be ad	lvised that:
	ist, you or your principal must file an authori		
2. Your principal is not permitted to authorize	ze you to lobby unless the principal is register	ed with the City	y Clerk.
 If your principal spends or will owe more principal must file expense statements with 	than \$1,000 for lobbying services in any report the City Clerk for the remaining quarters of	orting period (ca f the calendar ye	alendar six months), the ear.
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more informati	<u>vofmadison.com/clerk/index.html</u> or go to the on.)	: Clerk's Office	at Room 103 of the City-
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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC		
YOUR NAME Julie Bennett - (enter Director Gare Net DAT	E	
YOUR ADDRESS 570 Juneper 1	Ridge McFarland		
Please check the appropriate boxes:	o		
💆 Support	□ Oppose	☐ Neither Support No	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 sp	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answ	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not			☐ No ' questions.)
Name, address and telephone number of ex live Not Premarcy Center of 1356 Mach thur Rd, Madiso	nch person or organization you are repr Dive Owly JI 5374	esenting:	
Are you being paid for your representation?		☐ Yes	7 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.	No No
Are you an elected official or employee who for your municipality or other governmental the (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	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised tha	t:
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an aut	horization with the City Cleri	k. ·
2. Your principal is not permitted to authori	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 wi	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarte	reporting period (calendar si rs of the calendar year.	x months), the
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Date 1/14/2013	Signature <u>Levieth</u>		

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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC FA	GLF HAR	BOR
YOUR NAME ANN F	LYNN DAT	TE	
YOUR ADDRESS 360 W	. Washington Or	4#303 7	nadison
Please check the appropriate boxes:		,	5370
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			No next questions.)
Name, address and telephone number of ea	ach person or organization you are rep	resenting:	
Are you being paid for your representation?		☐ Yes	Mo
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 this form.	'D'No
Are you an elected official or employee who for your municipality or other governmental leading (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this f	☐ Yes	T/No
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Date 1/14/2013	Signature Ula D. Fit	lon	· · · · · · · · · · · · · · · · · · ·

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ACENDA ITEMANO LI GII	DIFOTADDEGG/TODIC		
701	BJECT/ADDRESS/TOPIC Eac	The Harbon	
YOUR NAME She my Str	OMMEN DATE	1-14-2013	
YOUR ADDRESS 451 Box	mie Rol Cottage Gr	ove, W/ 53527	
Please check the appropriate boxes:	ι	'	
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 of	complete the rest of this form. If you answere	d "yes," go on to the next questions.)	
Name, address and telephone number of ea	ich person or organization you are represe	nting:	
1350 M	MOHON, 8004 Wart	580 Madison, us 53719	
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	is form.	
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	rist, you or your principal must file an authori ze you to lobby unless the principal is registe	<u> </u>	
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AGENDA ITEM NO. (H) SU	BJECT/ADDRESS/TOPIC	3		• .
YOUR NAME BYCOTOL MITCHELL CONSON DATE 1/11/13				
YOUR ADDRESS 5 S.GO	mmon rd#G	77 17		
Please check the appropriate boxes:				
□ Support	□ Oppose	☐ Neither S	Support N	or 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 no	ot wish to s	speak
Available to answer questions	☐ Available to answer questions	☐ Availa	able to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of each of the state of the st	complete the rest of this form. If you answ	ered "yes," go	Yes on to the nex	□ No st questions.)
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.)				
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. A C	UBJECT/ADDRESS/TOPIC <u>いるし</u> の	MacArthu	rRd
YOUR NAME Heidi Jor	<i>es</i> Date	1/14/2013	-
YOUR ADDRESS 1353 MAC	Arthur Rd	1	
Please check the appropriate boxes:	•		·
☐ Support	Oppose	I Neither Support N	Vor 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 no	an organization or a person other that tomplete the rest of this form. If you answer	ed "yes," go on to the ne	No ext questions.)
Name, address and telephone number of	each person or organization you are repre	senting:	
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? ns, STOP. You need not complete the rest of	☐ Yes	□ No
for your municipality or other governmental (If you answered "yes" to the question, STO	o is appearing solely on behalf of your office body? OP. You need not complete the rest of this form d "no" to the question, go on to the next question.	☐ Yes m except	□ No
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC 136	SO MacHrtho	Koed		
YOUR NAME Hilton Jones	DAT	E 14 Jan	2013		
YOUR ADDRESS 1353 M	acArihua Koad				
Please check the appropriate boxes:					
□ Support	Oppose	☐ Neither Suppo	ort Nor Oppose		
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to spo	eak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	h to speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available t	o 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 answ	vered "yes," go on to t	es 🗽 No he next questions.)		
Are you being paid for your representation?		☐ Y	es 🔲 No		
Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)					
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 f	orm except	es 🗖 No		
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Date 14 Jan 2014 Signature					
					

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC	ale Garlos
YOUR NAME Kay / W	Tem alle DA'	TE 1/68/12
YOUR ADDRESS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ALLE MANA	M. A. G. A.
Please check the appropriate boxes:	1991 1 4000	IMMV KSI
□ 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	s
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of ea	complete the rest of this form. If you ans	wered "yes," go on to the next questions.)
16 1410 1 Para 1	Marvilla 1.00 Pega 110	Classification and as a state
N way aw I	VERSINANIMIA PERIL. VP	Llant spannig an hnounter
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	\square Yes \square No of this form.
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this j	form except
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(Please go to the City Clerk's website www.ci County Building, Madisqn, for more informat	i <u>tyofmadison.com/clerk/index.html</u> or go ion.)	to the Clerk's Office at Room 103 of the City-
Date 114/13	Signature Alf Manager	an

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AGENDA ITEM NO SUBJ	ECT/ADDRESS/TOPIC <u>EQ</u>	ale Hars) <u></u>
YOUR NAME WHAY	DERICK DATE	01-14-	13
YOUR ADDRESS $\sqrt{36}$ \sqrt{N}	ACARTHUR F		
Please check the appropriate boxes:			
□ Support	Oppose . \square	Neither Support No	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	peak
☐ Available to answer questions ☐	Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing an of (If you answered "no," STOP; you need not com Name, address and telephone number of each	nplete the rest of this form. If you answere	ed "yes," go on to the nex	No i questions.)
			A CONTRACTOR OF THE PROPERTY O
Are you being paid for your representation?		☐ Yes	No No
Are you appearing as part of your other paid duti (If you answered "no" to both these questions, S If you answered "yes," please continue.)	ies for this person or organization? TOP. You need not complete the rest of the	☐ Yes his form.	₩o
Are you an elected official or employee who is a for your municipality or other governmental bod (If you answered "yes" to the question, STOP. Y that you must sign this form. If you answered "not the property of the proper	y? You need not complete the rest of this form	☐ Yes n except	No
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC BLO MOCHATHUM Rd			
YOUR NAME CRANG YARP DATE 1-14-13			
YOUR ADDRESS 12 12 Juniper Avenue, MADISON, WI			
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			
At this meeting are you representing an organization or a person other than yourself: \(\simeg \) Yes \(\simeg \) 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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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC _ Eagle Harbar)				
YOUR NAME Par Dray DATE 1-14-13				
YOUR ADDRESS 3921 Syc	amor ave			
Please check the appropriate boxes:				
□ Support	D 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 not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions	
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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC <u>E 95</u> 1	e Harbor	
YOUR NAME Sean Ph.	UIP DATE	1-14-13	
YOUR ADDRESS 3814 5	yeamore Aux		
Please check the appropriate boxes:			
☐ 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	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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	yourself:	No
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Are you being paid for your representation?		☐ Yes	No
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC	Vac Hornorg	
YOUR NAME TICOLO GILLO DAT	E 1-14-13	
YOUR ADDRESS 1369 Wac ArThur T	Rd.	
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 the (If you answered "no," STOP; you need not complete the rest of this form. If you answere, address and telephone number of each person or organization you are rep	vered "yes," go on to the next questions.)	
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC			
YOUR NAME Carrelle DATE 1/14/13			
YOUR ADDRESS 3822 Sycamore and Madism			
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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YOUR ADDRESS Please check the appropriate boxes: Support	AGENDA ITEM NO. 🔀 SU	JBJECT/ADDRESS/TOPIC ^ろ いの	MACHAIMA RD		
Please check the appropriate boxes: Support	YOUR NAME JOE CY	Mus Rus DATE	11/4/13		
□ Support □ 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 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: □ 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 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.)	YOUR ADDRESS	CHRENDON C	0		
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PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO SUBJECT/ADDRESS.	TOPIC Core Net
YOUR NAME Suc Green	DATE <u> </u>
YOUR ADDRESS 518 Walnut Grove 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 an	swer questions Available to answer questions
At this meeting are you representing an organization or a (If you answered "no," STOP; you need not complete the rest of this Name, address and telephone number of each person or organiza	person other than yourself: Yes No form. If you answered "yes," go on to the next questions.)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties for this person or (If you answered "no" to both these questions, STOP. You need not of If you answered "yes," please continue.)	organization?
Are you an elected official or employee who is appearing solely on be for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete that you must sign this form. If you answered "no" to the question, go	the rest of this form except
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/s</u> County Building, Madison, for more information.)	ndex.html or go to the Clerk's Office at Room 103 of the City-
Date	me R Somm LCSW

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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC		
YOUR NAME JOE T. 06	DAT	E //14/13	
YOUR ADDRESS 1313 Way	RIDGE DRIVE, Madison,	WI 53704	
Please check the appropriate boxes:	0		•
Support	☐ Oppose	☐ Neither Support N	or 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	☐ Available to ans	•
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 answe	an yourself: Yes ered "yes," go on to the ne	Пма
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	f this form.	No
Are you an elected official or employee who i for your municipality or other governmental b (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 Yes	No
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 If your principal spends or will owe more principal must file expense statements with 	than \$1,000 for lobbying services in any rath the City Clerk for the remaining quarter	eporting period (calendar s s of the calendar year.	ix months), the
(Please go to the City Clerk's website www.cit County Building, Madison, for more informati Date 1/4/13	on.)	the Clerk's Office at Room	103 of the City-
Date 1/17/10 S	ignature	5	

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

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AGENDA ITEM NO. 4	SUBJECT/ADDRESS/TOPIC	,	
YOUR NAME KRYSTAN		TE 1-14-13	
YOUR ADDRESS 1313 Wa	1	UT 53704	
Please check the appropriate box			
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 questi	ons	s	
	ting an organization or a person other to do not complete the rest of this form. If you ans		
Che Net tremoner	r of each person or organization you are rep		
1350 McHrethur 4Co	bed, Madism, WI 53	704	
Are you being paid for your representat	ion?	☐ Yes 🗡 No	
	paid duties for this person or organization? estions, STOP. You need not complete the rest.)	of this form.	
for your municipality or other governmed (If you answered "yes" to the question,	who is appearing solely on behalf of your offiental body? STOP. You need not complete the rest of this judgment of the next o	form except Yes Wo	
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Date 17 10	Orginature 1		

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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC & agli Harbor				
YOUR NAME Saulte Droglowice DATE 1/14/2013				
YOUR ADDRESS 1210 91	list ad		′/	
Please check the appropriate boxes:		•		
🗵 Support	□ Oppose	☐ Neither	Support I	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 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	n 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	X 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 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	Signature			

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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Care Net / Eagle Harbor Apartments				
YOUR NAME Edith Himes DATE 1/14/13				
YOUR ADDRESS 2231 Wood view			•	
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 (
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	•	
	☐ Available to answer questions	☐ Available to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of each Net	complete the rest of this form. If you answer	n yourself: L Yes ed "yes," go on to the ne	□ No	
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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(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 1/14/13 Signature Edith & Fines				

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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC <u>Eagl</u>	e Harbor	*	
YOUR NAME Jaime Far	Kas DAT	E <u> 1/14/13</u>		
YOUR ADDRESS 229 Coa	ch House Dr	, ,		
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 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 a Name, address and telephone number of each	complete the rest of this form. If you answ	ered "yes," go on to the ne	No ext questions.)	
			_\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.)				
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	☐ Yes orm except	K.No	
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Date 1/14/13 Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor				
YOUR NAME Josh Farkas DATE 1/14/13				
YOUR ADDRESS 329 Coac	h House Dr.			
Please check the appropriate boxes:				
X Support	☐ Oppose .	☐ Neither	Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min.	limit) 🔲 Wisl	h 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 q	uestions 🔲 Avai	ilable to ans	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of each	complete the rest of this form. If	you answered "yes," go	Yes on to the ne	No \ ext questions.)
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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AGENDA ITEM NO. 4	SUBJECT/ADDRESS/	TODIC MCL	· II d n n sil	
technical desiration and the second			1 . 1	
YOUR NAME (OPIAN)	GIBSON	DATE _	1/14/13	
YOUR ADDRESS 201	SHEFFORD DR.	W MOSIGAM		
Please check the appropriate bo	xes:		,	
Support	□ Oppose		Neither Support N	Nor Oppose
☐ Wish to speak (3 min. lim	it)	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 ques	tions Available to ans	swer questions	☐ Available to an	swer questions
At this meeting are you represent (If you answered "no," STOP; you ne Name, address and telephone number	ed not complete the rest of this	form. If you answered	"yes," go on to the ne	No ext questions.)
Trame, address and telephone numb	ei of each person of organiza	mon you are represen	g.	
				,
Are you being paid for your representa	ation?		☐ Yes	□ No
Are you appearing as part of your other (If you answered "no" to both these que If you answered "yes," please continu	uestions, STOP. You need not a	organization? complete the rest of thi	Yes s form.	□No
Are you an elected official or employer for your municipality or other government (If you answered "yes" to the question that you must sign this form. If you answered that you must sign this form.	nental body? s, STOP. You need not complete	e the rest of this form e		□ No
If you are being paid for your represen	tation, or if your appearance is	part of other paid duti	es, please be advised th	hat:
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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Sigle Harbor				
YOUR NAME DAVID GIRSO	DATE	1/14/13		
YOUR ADDRESS 2801 Sheft	ord DR			
Please check the appropriate boxes:			•	
🔁 Support	□ Oppose □	l 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 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 o	complete the rest of this form. If you answere	yourself: 🛛 Yes ed "yes," go on to the ne	Æ No	
Name, address and telephone number of ea	ch person or organization you are repres	enting:		
Are you being paid for your representation?	\$	☐ Yes	No No	
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC			
YOUR NAME CATAGINE CO GLE DATE 1/14/2013			
YOUR ADDRESS 1350 McARIMW, MADISON, WI 53704			
Please check the appropriate boxes:			
Support			
☐ 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?			
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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC \mathcal{F}_{a}	ale Narbor		
YOUR NAME JULE GRUSSENBACK DATE OUN 19				
YOUR ADDRESS 6006 M. WIGH CAN DS AVE				
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	n organization or a person other the complete the rest of this form. If you answe	an yourself: Yes No ered "yes," go on to the next questions.)		
	ten person of organization you are repr	esenting.		
Are you being paid for your representation?		☐ Yes ☐ No		
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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC			
YOUR NAME Kevin L. Brown DATE 1-14-2013			
YOUR ADDRESS 1350 Mac Arthur Rd. Madison, Wi. 53714			
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			
☐ 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: 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 1-14-2013 Signature Ken L. Brown			

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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC			
YOUR NAME Linds Brown DATE 1-14-2013				
YOUR ADDRESS 1350 Ma	carthur Rd Made	son WI 53714		
Please check the appropriate boxes:				
√2 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 answe	red "yes," go on to the next questions.)		
rvame, address and telephone number of ex	ich person or organization you are repre	senting:		
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 ☐ No this form.		
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? • You need not complete the rest of this for	☐ Yes ☐ No m except		
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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC			
YOUR NAME () SSC	DAT	E_1/14/辑13		
YOUR ADDRESS 1350 Mac	Arthur Rd			
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:				
	1 10000			
Are you being paid for your representation?		Yes You		
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		of this form.		
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	Yes No		
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Fagle Hyr bour						
YOUR NAME SOFF Andes DATE VIH/13						
YOUR ADDRESS 7. N. Burb	erry Apt 1033 Modisor	WZ	537	19		
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 no	ot wish to	speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions		
(If you answered "no," STOP; you need not	on organization or a person other than secondlete the rest of this form. If you answered ach person or organization you are represent	l "yes," go		☑ No ext questions.)		
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Date	Signature					

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC Lagle	HARTOR.					
YOUR NAME BOLL 6	Andes DATE	01/14/2013					
YOUR ADDRESS Q N. Bu	RURRY DR. #1033	Modison, W. 53719					
Please check the appropriate boxes:	J	,					
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 answered	d "yes," go on to the next questions.)					
Name, address and telephone number of ea	nch person or organization you are represe	nting:					
Are you being paid for your representation?	Are you being paid for your representation?						
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 th	☐ Yes ☐ No is 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	oody? P. You need not complete the rest of this form	☐ Yes ☐ No except					
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DateS	Signature						

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AGENDA ITEM NO SI	UBJECT/ADDRESS/TOPIC Eagle	- Hourbor Apartments		
YOUR NAME Molanie	Couest DATE	1-14-13		
YOUR ADDRESS 9 BLOW	amont Circle Mo	dison, Wi 53714		
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 no	an organization or a person other than to complete the rest of this form. If you answere	d "yes," go on to the next questions.)		
Name, address and telephone number of o	each person or organization you are repres	enting:		
Are you being paid for your representation?		☐ Yes Yo		
Are you appearing as part of your other paid (If you answered "no" to both these questio If you answered "yes," please continue.)	duties for this person or organization? ns, STOP. You need not complete the rest of the	☐ Yes ☐ No his form.		
for your municipality or other governmental (If you answered "yes" to the question, STC	o is appearing solely on behalf of your office of body? OP. You need not complete the rest of this form d "no" to the question, go on to the next quest	Yes XNo		
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Date \-\U-\3	Signature W			
	organismo ov v company			

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC
YOUR NAME Mary Jane Kelley DATE 1-14-13
YOUR ADDRESS 301 Belwent Rd.
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: \(\simeg \) Yes \(\simeg \) 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 1-14-13 Signature May and Kelley

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AGENDA ITEM NO. 4	SUBJECT/ADDRESS/TOPIC *		•	
YOUR NAME RONGIS	W. Helley	DATE		
	elmont Rd Madison,	WI 53714 -BI	32_	
Please check the appropriate bo	xes:			
⊠ Support	□ Oppose	☐ Neither Support	Nor Oppose	
☐ Wish to speak (3 min. lim	it) Wish to speak (3 min. lin	mit)	(3 min. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak	
☐ Available to answer ques	tions	estions	nswer questions	
(If you answered "no," STOP; you ne	nting an organization or a person of seed not complete the rest of this form. If you er of each person or organization you a	ou answered "yes," go on to the n	No ext questions.)	
Are you being paid for your represent	ation?	☐ Yes	No	
Are you appearing as part of your othe (If you answered "no" to both these q If you answered "yes," please continu	er paid duties for this person or organization of the state of the sta	on? Yes he rest of this form.	Mo .	
for your municipality or other governi (If you answered "yes" to the question	the who is appearing solely on behalf of you mental body? In, STOP. You need not complete the rest of swered "no" to the question, go on to the	Yes of this form except	No	
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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Engle WARBOR					
YOUR NAME BryAN PETERSUL DATE 1/4/13					
YOUR ADDRESS 801 EAGLE Crest DR. Madison WI 53704					
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:					
•					
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	·				
AGENDA ITEM NO SUI	BJECT/ADDRESS/TOPIC <u>Eag</u>	le Harbar			
YOUR NAME Davie Olsen DATE 1-14-13					
YOUR ADDRESS 7632 Hidd	la Savonnah Ct. Vero	no, WI 53593			
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 as (If you answered "no," STOP; you need not c	omplete the rest of this form. If you answer	red "yes," go on to the next questions.)			
Name, address and telephone number of early are Net 1350 Mag	ch person or organization you are repres Arther Rd Madison				
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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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOF	PIC FAGE	E HA	RBOR	•
YOUR NAME MIKE ROG	OWSKI.	_ DATE_	1-14	- 13	•
YOUR ADDRESS <u>5850 ScA</u>	RLET DRIVE EI	TEUBURG	WI		*
Please check the appropriate boxes:	ℓ'				•
☑ Support	□ Oppose	, 0	Neither !	Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min	n. limit)	□ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speal	k .	□ Do'no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer	questions	☐ Avail	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form.	If you answered	! "yes," go	Yes on to the ne	☐ No ext questions.)
Name, address and telephone number of ea CALL NET 1350 MA	ach person or organization y	ou are represei	iting:		-
	- COSTO BUCK RD FIL	15010	<i>V</i> 4		14
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 question. If you answered "yes," please continue.)	duties for this person or organs, STOP. You need not comple	ization? ete the rest of thi	s form.	☐ Yes	⊒∕No
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AGENDA ITEM NO. SUBJECT/ADDRES	SS/TOPIC <u>Eagle Harlar</u>			
YOUR NAME Tanis Jean-Loui	3			
YOUR ADDRESS 281) Irunafin u	Nay			
Please check the appropriate boxes:				
Support Oppose	☐ Neither Support Nor Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to spea	ak (3 min. limit)			
Do not wish to speak	to speak			
☐ Available to answer questions ☐ Available to	answer questions			
At this meeting are you representing an organization or (If you answered "no," STOP; you need not complete the rest of the	this form. If you answered "yes," go on to the next questions.)			
Name, address and telephone number of each person or organ Carenet 1350 Wac Athur Rd	nization you are representing: Madism 53714			
Are you being paid for your representation?	☐ Yes 📈 No			
Are you appearing as part of your other paid duties for this person (If you answered "no" to both these questions, STOP. You need no If you answered "yes," please continue.)	or organization?			
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Date 0114 2013 Signature 30				
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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Care/Vet Birlang						
YOUR NAME Theresa Venthammer DATE 1/14/2013						
YOUR ADDRESS 7409 Old Sank Rd, Aget 2						
Please check the appropriate boxes:	,					
☑ Support	□ Oppose □	l Neither Suppor	t 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 Name, address and telephone number of ea	complete the rest of this form. If you answere ach person or organization you are represon	ed "yes," go on to the	No next questions.)			
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Date S	Signature	,				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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#4 Eagle Harbor

AGENDA ITEM NO. 28723 SU	BJECT/ADDRESS/TOPIC _ ^~ e	Arthur	3d A	particulis + Da
YOUR NAME Judith A Be		E_1-14-		· · · · · · · · · · · · · · · · · · ·
YOUR ADDRESS 16 Don ton	,			
Please check the appropriate boxes:				
Support	☐ Oppose	☐ Neither S	upport	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 no	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to a	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of ea	complete the rest of this form. If you answe	ered "yes," go		No ext 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	f this form.	☐ Yes	⊠ 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	rm except	☐ Yes	⊠ No
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please b	e advised	that:
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an auth	orization with t	the City C	lerk.
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.				
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Date 1-14-13 Signature Quality A Belley				

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AGENDA ITEM NO. 4 SU	JBJECT/ADDRESS/TOPIC 136 3) iss	Ar Ma	c Clatting D
YOUR NAME Kenton S	DATE	1/14	/13	
YOUR ADDRESS 1350 M	acarthum Road		<u></u>	
Please check the appropriate boxes:				
Support	□ Oppose □] Neither	Support]	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			(3 min. limit)
☑ Do not wish to speak			ot wish to	-
	☐ Available to answer questions			speak swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of each	an organization or a person other than complete the rest of this form. If you answere	ı yourself: ed "yes," go	□ v	بر
Are you being paid for your representation? Are you appearing as part of your other paid	duties for this person or organization?		☐ Yes	□ No
(If you answered "no" to both these questions If you answered "yes," please continue.)	s, STOP. You need not complete the rest of the		☐ Yes	□ 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	oody? P. You need not complete the rest of this force		☐ Yes	□ No
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Date S	Signature	,		

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AGENDA ITEM NO. 4 SUI	BJECT/ADDRESS/TOPIC 1360) MacHithur	Kal .
YOUR NAME Khonder TV	DATE_	(14/12	
YOUR ADDRESS 07/356	MacArthur Rd Madis	son, wit 53	774
Please check the appropriate boxes:			
Support	□ Oppose □	Neither Support No	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 sp	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ansv	wer 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	d "yes," go on to the next	No questions.)
Name, address and telephone number of ea	ach person or organization you are represe	enting:	
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.)		☐ Yes nis 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	oody? P. You need not complete the rest of this form	☐ Yes except	□ No
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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 in any rep ith the City Clerk for the remaining quarters o	porting period (calendar si of the calendar year.	x months), the
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Date S	Signature		N

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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC				
YOUR NAME (rpeg Domba	ouju DAT	E <u>1/14/13</u>		
YOUR ADDRESS 1701 H	Idder Hill Dr.	Madron		
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	complete the rest of this form. If you answ	ered "yes," go on to the		
Name, address and telephone number of ea	ach 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 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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· · ·		
AGENDA ITEM NO. 4	SUBJECT/ADDRESS/TOPIC 136	o MacArthur Rd
YOUR NAME DEVINIS	BCM45 DAT	E
YOUR ADDRESS 4330	\$ Nahoosa 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 question	ns	☐ Available to answer questions
(If you answered "no," STOP; you need to	ng an organization or a person other the not complete the rest of this form. If you answer of each person or organization you are rep	vered "yes," go on to the next questions.)
Are you being paid for your representation	n?	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no" to both these quest If you answered "yes," please continue.)	aid duties for this person or organization? tions, STOP. You need not complete the rest	☐ Yes ☐ No of this form.
for your municipality or other governmen (If you answered "yes" to the question, S.	tho is appearing solely on behalf of your official body? TOP. You need not complete the rest of this force of the rest of this force of the next of t	Yes No
If you are being paid for your representati	ion, or if your appearance is part of other paid	duties, please be advised that:
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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC CAGE HOT BOUTMENTS				
YOUR NAME EMULY MCCIENACIAN DATE_				
your address 1350 Ma	eArthur RoliMadisa	1 W, ac		
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 a				
Name, address and telephone number of ea	ich person or organization you are repres	enting:		
		710		
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//	BJECT/ADDRESS/TOPIC /360	Maci	9-thur	Rd ·
YOUR NAME Camille Del	B'asio DATE		14/13	
YOUR NAME <u>(ami/le De)</u> YOUR ADDRESS <u>1350 197a</u>	Arthur - Care Net (Voi	lunteer	<u> </u>	
Please check the appropriate boxes:			•	
☑ Support	□ Oppose □	Neither S	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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to ans	swer questions
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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC Eagl	leHarbor		
YOUR NAME MCKenzie	Merkle DATE	1/14/12		
YOUR ADDRESS 1350 M	lac Arthur Rd. M:	adison, 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		
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Name, address and telephone number of ea	ch person or organization you are represen	nting:		
·				
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DateS	Signature			

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC				
YOUR NAME Chery DiFonzo DATE				
YOUR ADDRESS 2655 Sylve	r Ridge In Sun Praine	$,w_1$		
Please check the appropriate boxes:	J			
∠ Support	☐ Oppose □	Neither S	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 no	t wish to s	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to ans	swer 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	Yes on to the nex	,⊠`No xt questions.)
Name, address and telephone number of ea	ach person or organization you are repres	senting:		
Are you being paid for your representation?			☐ Yes	□ No
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AGENDA ITEM NO. SI	JBJECT/ADDRESS/TOPIC	360 MacArth	ur Rd
·	Charst D.	1 . 1	
	se Arthur Rd.		
Please check the appropriate boxes:			
Support	□ Oppose	☐ Neither Support N	Vor 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	ons	swer questions
At this meeting are you representing (If you answered "no," STOP; you need not	complete the rest of this form. If you ar	nswered "yes," go on to the ne	No xt questions.)
Name, address and telephone number of e	each person or organization you are r	epresenting:	
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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? as, STOP. You need not complete the re	Yes of this form.	□ No
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2. Your principal is not permitted to author	ize you to lobby unless the principal is	registered with the City Clerk.	•
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Date	Signature		

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AGENDA ITEM NO. 4 SUI	DIECT/ADDRESS/TODIC 121-	mache bus R) marks
YOUR NAME Christine n	Canton DATE	1/14/13
YOUR ADDRESS 1016 Ruevi	new Drive, Stought	on 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
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At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other than complete the rest of this form. If you answere	yourself: Yes No ed "yes," go on to the next questions.)
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	BJECT/ADDRESS/TOPIC 136	o Mac Maria
YOUR NAME COLON	OSEN DATE	1/14/13
YOUR ADDRESS 213 H	t cewood BLK	1, maxison WI
Please check the appropriate boxes:		53714
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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At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of each	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC / 360	MACARITHUR ROAD
YOUR NAME JOLL M	DATE_	1-14-13
YOUR ADDRESS 2177 F	ORANA DR. FITCH	BURG. WI 53711
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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YOUR NAME JIM GO	VIC	DATE	1-14-2013	
YOUR ADDRESS 62	LIG RENEE CO	MG-ARL	AND	
Please check the appropriate boxes:				
☐ Support	□ Oppose	□ Neit	ther Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	ait)	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 que	stions 🗖	Available to ans	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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AGENDA ITEM NO. # SUBJECT/ADDRESS/TOPIC,
YOUR NAME REGALL GOVICE DATE 1/14/12
YOUR ADDRESS 6216 Rence Cut.
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
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Ap	bullins Mac Arth.	~ KZ		
YOUR NAME Steve Hange DAT				
YOUR ADDRESS 3813 Sycamore Are				
Please check the appropriate boxes:				
□ Support	☐ 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 not wish to	speak		
☐ Available to answer questions ☐ Available to answer questions	☐ Available to an	swer questions		
At this meeting are you representing an organization or a person other th (If you answered "no," STOP; you need not complete the rest of this form. If you answ	ered "yes," go on to the ne	No ext questions.)		
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC	28723 Apt BLDG at 1360
YOUR NAME Jun M /hasha	DATE 1/14/13 mac Augh
YOUR ADDRESS 3917 Sycamore Ave	
Please check the appropriate boxes:	
☐ Support ☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. li	imit) 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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AGENDA ITEM NO. 4	SUBJECT/ADDRESS/TOPIC	Cada Hada	
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YOUR NAME Joanu	Nichols DAT	E(-1412013	
YOUR ADDRESS 7298	0/d Sank Rd		
Please check the appropriate box	ces:		
☐ Support	Oppose	☐ Neither Support Nor Oppose	
☐ Wish to speak (3 min. limi	t) 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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(If you answered "no," STOP; you nee	ting an organization or a person other the ded not complete the rest of this form. If you answer of each person or organization you are represented the control of the cont	vered "yes," go on to the next questions.)	
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AGENDA ITEM NO. 4-38/8-3	SUBJECT/ADDRESS/TOPIC	1360	MacArthre	LU REZONING
YOUR NAME May TO U		DATE	1-14-13	
YOUR ADDRESS 1361 M	ac Arthur Rd			
Please check the appropriate boxes	3:			
☐ Support	☐ Oppose		Neither Support	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. l	imit)	☐ Wish to speak	(3 min. limit)
☐ Do not wish to speak	Do not wish to speak		☐ Do not wish to	speak
☐ Available to answer question	ns	estions	☐ Available to a	nswer questions
At this meeting are you representing (If you answered "no," STOP; you need	not complete the rest of this form. If	vou answere	d "yes," go on to the n	No ext questions.)
Name, address and telephone number of	of each person or organization you	are represe	enting:	
Are you being paid for your representatio	n?		☐ Yes	□ No
Are you appearing as part of your other p (If you answered "no" to both these ques If you answered "yes," please continue.)	aid duties for this person or organiza tions, STOP. You need not complete	tion? the rest of th	Yes his form.	□ No
Are you an elected official or employee very for your municipality or other government (If you answered "yes" to the question, So that you must sign this form. If you answere	ital body? TOP. You need not complete the resi	of this form	☐ Yes	□ No
If you are being paid for your representat	ion, or if your appearance is part of c	ther paid du	ties, please be advised	that:
Before you engage in lobbying as a l	obbyist, you or your principal must f	ile an author	ization with the City C	lerk.
2. Your principal is not permitted to aut	thorize you to lobby unless the princi	pal is registe	ered with the City Cler	ς.
If your principal spends or will owe reprincipal must file expense statement	nore than \$1,000 for lobbying services with the City Clerk for the remaining	es in any rep ng quarters (porting period (calenda of the calendar year.	r six months), the
(Please go to the City Clerk's website <u>www.citvofmadison.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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4 2		16 100 1 500 0 111 110 110		
AGENDA ITEM NO. 2872)SI	JBJECT/ADDRESS/TOPIC /2	360 MACHATTUR RD		
YOUR NAME MARYLEE L YOUR ADDRESS	15SCHM16 DATE	<u> </u>		
YOUR ADDRESS				
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:				
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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	orize you to lobby unless the principal is reg			
If your principal spends or will owe more principal must file expense statements.	ore than \$1,000 for lobbying services in any with the City Clerk for the remaining quarte	reporting period (calendar six months), the rs of the calendar year.		
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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC 1360	Mac Arthur	Rd
YOUR NAME	VAAP DATE_	1-14-13	
YOUR ADDRESS 13/2 Juni	1		
Please check the appropriate boxes:	1		
☐ Support	Q ∕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 s	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer 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	l "yes," go on to the nex	☐ No st questions.)
Name, address and telephone number of e	ach person or organization you are represe	nting:	
· · · · · · · · · · · · · · · · · · ·			
Are you being paid for your representation?		☐ Yes	No No
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Todo I book		
AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC FACE TOPIC		
YOUR NAME JAM PMUS DATE 11413		
YOUR ADDRESS 3814 SICANOR ME L		
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 SU	JBJECT/ADDRESS/TOPIC _	1360 Mar	adl	ur Rd
YOUR NAME MARY LAR	SON	DATE <u>(~ (Y -</u>	-13	
YOUR ADDRESS 1223 Occ	reper as			
Please check the appropriate boxes:				
☐ Support	Oppose	☐ Neither	Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	it) 🔲 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 ques	tions 🗖 Avai	lable to an	swer questions
At this meeting are you representing (If you answered "no," STOP; you need not	complete the rest of this form. If you	ı answered "yes," go		፟ No ext questions.)
Name, address and telephone number of e	each person or organization you ar	e representing:		
-				
Are you being paid for your representation?			☐ Yes	∑Î-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 organizations, STOP. You need not complete the	n? e rest of this form.	☐ Yes	No No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? P. You need not complete the rest of	this form except	☐ Yes	□ No
If you are being paid for your representation	, or if your appearance is part of other	er paid duties, please	be advised t	hat:
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2. Your principal is not permitted to author	rize you to lobby unless the principal	is registered with th	e City Clerk	•
3. If your principal spends or will owe mor principal must file expense statements w	re than \$1,000 for lobbying services with the City Clerk for the remaining	in any reporting peri- quarters of the calen	od (calendar dar year.	six months), the
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Date <u> </u>	Signature Mary Lar	-on		

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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC /36	O Mac Ar	Thur Rd
YOUR NAME SO WO & DO	n Fielstad DATE	1-14-	2013
YOUR ADDRESS 1409 May			
Please check the appropriate boxes:			·
□ Support	Oppose C	Neither Supp	ort Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to sp	oeak (3 min. limit)
☐ Do not wish to speak	☑Do not wish to speak	☐ Do not wi	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	an organization or a person other than complete the rest of this form. If you answer	n yourself: 🔲 y ed "yes," go on to	Tes 🌠 No the next questions.)
Name, address and telephone number of e	ach person or organization you are repres	senting:	•
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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? us, STOP. You need not complete the rest of		∕es ÆÍNo
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Date 1-14-2013 Signature & ONI/O Felstacl			

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<u> i</u>		-20 M - N- This
AGENDA ITEM NO.	SUBJECT/ADDRESS/TOPIC	1360 1100 0 00 1100
YOUR NAME WON Y	Ann Lindh	DATE 17 13
YOUR ADDRESS 12-19-19	Jungger	
Please check the appropriate b	poxes:	
□ Support	ppose ppose	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min. li	mit) Wish to speak (3 min. lim.	it)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak
☐ Available to answer que	estions	tions
(If you answered "no," STOP; you	senting an organization or a person other need not complete the rest of this form. If you about the person or organization you are	answered "yes," go on to the next questions.)
Are you being paid for your represen	ntation?	☐ Yes No
	ther paid duties for this person or organization questions, STOP. You need not complete the nue.)	
for your municipality or other gover (If you answered "yes" to the questi	yee who is appearing solely on behalf of you nmental body? ion, STOP. You need not complete the rest of answered "no" to the question, go on to the n	This form except
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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC			
YOUR NAME flex Zahirt	E	DATE	
YOUR ADDRESS 1361 MAC	Author Right MAD	PISON WI 57719	
Please check the appropriate boxes:	·		
☐ Support	□ Oppose	☐ Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	mit)	
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer que	estions	
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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Are you being paid for your representation?		☐ Yes No	
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AGENDA ITEM NO SU	JBJECT/ADDRESS/TOPIC 28	123 13	Softrano Col
YOUR NAME Beggy a	(egg DATE	1/14/12	5
YOUR ADDRESS 3917	Sycamore are		·
Please check the appropriate boxes:			
☐ Support	Oppose	l Neither Sup	port Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to s	speak (3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not w	ish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available	e to answer questions
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			· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representation?			Yes Wo
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? as, STOP. You need not complete the rest of the state o		Yes □ ∕No
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC <u>reze</u> or	ring 1360 MacArthur Pd	
YOUR NAME Keithing	- n	1.14.13	
YOUR ADDRESS 1326 Mag		on WI 53714	
Please check the appropriate boxes:	V	•	
□ 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 e	ach person or organization you are represe	enting:	
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	☐ Yes ☐ No nis 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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Date	Signature		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NOSV	BJECT/ADDRESS/TOPIC	agle Harba	·
YOUR NAME Carroll &	hay DAT	E/-/4-/3	
YOUR ADDRESS 3921 Sycanoie ane			
Please check the appropriate boxes:			
☐ Support	Oppose	☐ Neither Suppo	ort Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spe	eak <i>(3 min. limit)</i>
☐ Do not wish to speak	☑ Do not wish to speak	☐ Do not wish	h to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to	o answer questions
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		,	
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Date 1-14, +3 Signature aund Cheny			

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AGENDA ITEM NO. #	SUBJECT/ADDRESS/TOPIC;	MacArthur	1, Made
YOUR NAME Wayne	<u>Landen</u> I	DATE 44-13	
YOUR ADDRESS 390 6	sycamore to	re, Madis	017
Please check the appropriate boxe	es:	/ /	·
□ 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 s	peak
☐ Available to answer questi	ons	ions	wer questions
(If you answered "no," STOP; you need	ing an organization or a person other in the complete the rest of this form. If you of each person or organization you are	answered "yes," go on to the nex	No t questions.)
Are you being paid for your representati	ion?	☐ Yes	□ No
	paid duties for this person or organization stions, STOP. You need not complete the		□ No
for your municipality or other governmed (If you answered "yes" to the question,	who is appearing solely on behalf of your ental body? STOP. You need not complete the rest of twered "no" to the question, go on to the ne	☐ Yes this form except	□ No
If you are being paid for your representa	ation, or if your appearance is part of other	paid duties, please be advised the	at:
1. Before you engage in lobbying as a	lobbyist, you or your principal must file a	n authorization with the City Cle	k.
2. Your principal is not permitted to a	uthorize you to lobby unless the principal	is registered with the City Clerk.	
	more than \$1,000 for lobbying services in the with the City Clerk for the remaining of		ix months), the
(Please go to the City Clerk's website w County Building, Madison, for more infe			103 of the City-
Date 1-14-13	Signature Wignes La	relle	

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC//	ac Arthur Kd Madis
YOUR NAME Rita Land	Jen DAT	TE 1-14-13
YOUR ADDRESS 3906	sycamore for	Madison, 53714
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)
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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 this form.
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Date 14/3	Signature Rite Sal	rder

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