

AGENDA ITEM NO. 748 SU	BJECT/ADDRESS/TOPIC	wy Lota		
YOUR NAME Jeff Ho	nden DATE	1/14/13		
YOUR ADDRESS 4984 BO	rchers Beach Rd	Wannahee		
Please check the appropriate boxes:		OV WIFE TO		
D 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 answer	n yourself: Yes Wo red "yes," go on to the next questions.)		
Are you being paid for your representation?		Yes PNo		
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 its second complete.	this 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.)				
If you are being paid for your representation, or	or if your appearance is part of other paid do	uties, please be advised that:		
	ist, you or your principal must file an autho			
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.				
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.				
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 1/14/13 S	ignature			

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AGENDA ITEM NO. SI	UBJECT/ADDRESS/TOPIC	JRY-1071
YOUR NAME ()	DATE DATE	1/4/12
YOUR ADDRESS	WHIVERSITY AND	7/1/1
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 answere	yourself: Yes No No No ed "yes," go on to the next questions.)
Name, address and telephone number of e	each person or organization you are repres	enting:
- A 10-10-1	Common 1 1401 Six 1005 Del	reception (1)
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 rest of the	his form.
for your municipality or other governmental	P. You need not complete the rest of this form	Yes No
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised that:
	yist, you or your principal must file an author	
	ize you to lobby unless the principal is registe	
 If your principal spends or will owe mor principal must file expense statements w 	e than \$1,000 for lobbying services in any repith the City Clerk for the remaining quarters of	porting period (calendar six months), the of the calendar year.
(Please go to the City Clerk's website <u>www.c</u> County Building, Madison _s for more informa	ityofmadison.com/clerk/index.html or go to th	ne Clerk's Office at Room 103 of the City-
1/11/12	Signature XIIII	
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AGENDA ITEM NO. 790	SUBJECT/ADDRESS/TOPIC 29	414 7,8597	
YOUR NAME Mile	Hoadly DATE		
YOUR ADDRESS 406	Same Dive		
Please check the appropriate boxe	s:		
凌 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 question	ns	☐ Available to answer question	ns
(If you answered "no," STOP; you need	ng an organization or a person other than not complete the rest of this form. If you answe	n yourself: Yes \(\square\) No red "yes," go on to the next questions.)	
	of each person or organization you are repre		
Are you being paid for your representation	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 organization? tions, STOP. You need not complete the rest of	this form.	
for your municipality or other governmen (If you answered "ves" to the question. S	who is appearing solely on behalf of your office tal body? TOP. You need not complete the rest of this for red "no" to the question, go on to the next que	☐ Yes ☐ No	
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3. If your principal spends or will owe n	nore than \$1,000 for lobbying services in any res s with the City Clerk for the remaining quarters	enorting period (colondar six)
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Date 1-14-17 Signature			
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AGENDA ITEM NO. 748 SUBJECT/ADDRESS/TOPIC WATERLEADY AT				
YOUR NAME BOS BUCKLEY	DAT	E 1/14/13		
YOUR ADDRESS ZIAYBRIDGE	SUTTES - MIDDUETON			
Please check the appropriate boxes:				
⊠ Support	J 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				
Name, address and telephone number of ea	ch person or organization you are rep	resenting:		
7790 Elinn	scal Middleton	(tesisena)		
Are you being paid for your representation?	,	☐ Yes 🗡 No		
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	ody? • You need not complete the rest of this fo	☐ Yes ☐No orm except		
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Date 1/4/13 S	ignature	·		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 748 SUBJECT/ADDRESS/TOPIC WATERFOOT APT					
YOUR NAME KEWY BUGG		E 1/14/13	•		
YOUR ADDRESS LUCKY APA		AVE			
Please check the appropriate boxes:		,			
⊠ Support	□ Oppose	☐ Neither Su	upport N	Vor Oppose	
⊠ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to	o 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			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 answe	an yourself: [ered "yes," go or	☐ Yes	□ No	
Name, address and telephone number of ea	ich person or organization you are repre	esenting:			
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AGENDA ITEM NO. 7#8 SU	BJECT/ADDRESS/TOPIC Her	ry/Icta
YOUR NAME Jason Ba		E 1/19/13
YOUR ADDRESS ZIOG Sh	eridan Dr	
Please check the appropriate boxes:		
Support	□ Oppose	☐ Neither Support Nor Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
Available to answer questions	☐ Available to answer questions	☐ Available to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answe	ered "yes," go on to the next questions.)
Name, address and telephone number of ea	ch person or organization you are repr &フフィック	esenting:
Are you being paid for your representation?		☐ Yes X 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? Solution, STOP. You need not complete the rest of	f this 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, STOF that you must sign this form. If you answered	ody? • 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 be advised that:
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AGENDA ITEM NO. 7+0 SU	BJECT/ADDRESS/TOPIC		•
YOUR NAME JUDY KAROFSKY DATE 1/14/13 YOUR ADDRESS 317 N. PINCKNEY ST. MANSION HILL			
YOUR ADDRESS 317 10.	PINCKNEY 57.	MANSION	HILL
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 a	nswer 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 n	□ No next questions.)
Name, address and telephone number of ea	ch person or organization you are repr	esenting:	
LOST DE	KIU BOUNNIE		
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 organization? s, STOP. You need not complete the rest of	☐ Yes fthis form.	□ No
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AGENDA ITEM NO. 778 SU	BJECT/ADDRESS/TOPIC			
YOUR NAME CARES HOW EN DATE 1/14/12				
YOUR ADDRESS /// //	NICLOCAL LKI	/ ' '	/	
Please check the appropriate boxes:	, , , , , , , , , , , , , , , , , , , ,			
☑ Support	□ Oppose □	Neither	Support N	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 a Name, address and telephone number of each	complete the rest of this form. If you answered	d "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 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	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	oody? •• You need not complete the rest of this form	excent	☐ Yes	□ No
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AGENDA ITEM NO. 7- % SU	BJECT/ADDRESS/TOPIC ()	atec Front Apts
YOUR NAME Carole &	chaeffe DATE	1-15-13
YOUR ADDRESS 282 C	Mano Noadow Ci	COMMUSSSTA
Please check the appropriate boxes:	1	O .
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 represent	nting:
TOPS AMAINS	(Baralfer (anowiging)	
Are you being paid for your representation?		es 🗅 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? In STOP. You need not complete the rest of the	is form.
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AGENDA ITEM NO. 7/8 SUBJECT/ADDRESS/TOPIC LOTA COURT RODELECTION
YOUR NAME BRIAN MUNSON DATE JAN. 14, Zo13
YOUR ADDRESS 120 EAST LAKESIDE STREET
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 \(\sum_{No}\) 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:
PALL SADEG APAGENTATIS CHIT NUCLAMBY LANE, MADGOD
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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(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

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AGENDA ITEM NO. 718 SU	BJECT/ADDRESS/TOPIC 💆 🕏	414 Water fant Ants		
YOUR NAME James Vic YOUR ADDRESS 1602 S	ICDAT	E_1-14-13		
YOUR ADDRESS /602 S	Park St Madison	W= 53715		
Please check the appropriate boxes:				
⊠ Support	□ Oppose	☐ Neither Support Nor Oppose		
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak		
Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)		
Name, address and telephone number of ea	nch person or organization you are repr Hweriters 1602 S. Park	resenting: LST. Madism WT 53715		
	lake betse times	Came to speak		
Are you being paid for your representation?	W Mac Jourse	Yes No		
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AGENDA ITEM NO. / S'	UBJECT/ADDRESS/TOPIC WA	renthing Apparain Mr.	
YOUR NAME CARN	DAT		
YOUR ADDRESS 6605 CA	WISHAM DOIVE		
	THE PAINT		
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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	BJECT/ADDRESS/TOPIC			
YOUR NAME Tray Vossell	DATE	1/17	1/12	
YOUR ADDRESS 6/4 W Do;	by St #310, Madison LI			
Please check the appropriate boxes:	ı			
⊠ Support	□ Oppose □	Neither S	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 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 Name, address and telephone number of ea	complete the rest of this form. If you answere	ed "yes," go		☐ No ext questions.)
				•
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AGENDA ITEM NO. 775 SU	BJECT/ADDRESS/TOPIC <u>Maj j</u> e	rtront Apast	you
YOUR NAME DAVE	BRANSON DATE	1/14/12	
YOUR ADDRESS 6706	Schroeder, Madis	on, WI	
Please check the appropriate boxes:		/	
🙀 Support	□ Oppose □	Neither Support Nor Oppo	se
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ 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 questions	☐ Available to answer questions	☐ Available to answer ques	tions
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	d "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 (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	uis form.	
Are you an elected official or employee who for your municipality or other governmental laws (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 form	except Yes No	
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(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informat		e Clerk's Office at Room 103 of the	: City-
Date 1/14/20/4	Signature		· .

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AGENDA ITEM NO. 748 SU	BJECT/ADDRESS/TOPIC WA7	ERFRON	T APARTMENT
YOUR NAME Judy Buckley	DATE	1-14-1	3
YOUR NAME Judy BUCKLEY YOUR ADDRESS 7790 ELA	1WOOD AVE, MIDDLETON,	WI	53562
Please check the appropriate boxes:	,		
Support	□ Oppose □	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	rish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available	e to answer 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 answer	ed "yes," go on t	Yes No o the next questions.)
went	nome		
Are you being paid for your representation?			Yes PNo
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 state of	this form.	Yes PNo
Are you an elected official or employee who for your municipality or other governmental by (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? • You need not complete the rest of this form	n except	Yes No
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	ze you to lobby unless the principal is regist		
 If your principal spends or will owe more principal must file expense statements wi 	than \$1,000 for lobbying services in any re th the City Clerk for the remaining quarters	porting period (ca of the calendar ye	alendar six months), the ear.
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat Date/-/4-2013	tyofmadison.com/clerk/index.html or go to to to ion.) Signature Judy Duel	^	at Room 103 of the City-
	ingilation () you - 7 3		

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AGENDA ITEM NO. 7-8 S	SUBJECT/ADDRESS/TOPIC 6/2 m	o rezone	619-625N
YOUR NAME TO~ BU	rgamini DATE	1-14-	13 Herry
YOUR ADDRESS 402	N. Baldwinst		
Please check the appropriate boxes:	·	•	
⇔ Support	□ Oppose	Neither Suppor	t Nor Oppose
4 Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish	to speak
☐ Available to answer question	s Available to answer questions		answer questions
(If you answered "no," STOP; you need no	g an organization or a person other than of complete the rest of this form. If you answer each person or organization you are repres	ed "yes," go on to the	₩ No next questions.)
went	MML		
Are you being paid for your representation	?	☐ Yes	□ No
Are you appearing as part of your other pai (If you answered "no" to both these question If you answered "yes," please continue.)	d duties for this person or organization? ons, STOP. You need not complete the rest of t	Yes this form.	□ No
for your municipality or other governmenta (If you answered "yes" to the question. ST	o is appearing solely on behalf of your office of loody? OP. You need not complete the rest of this form the control of the control of the control of the question, go on to the next question.	Yes Yes	□ No
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AGENDA ITEM NO. + SUBJECT/ADDRESS/TOPIC				
YOUR NAME Scephenie Stender DATE 1/14/13				
YOUR ADDRESS GO N. POSSO HENRY ST.				
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				
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285 2 REGISTRATION FORM T/ADDRESS/TOPIC AGENDA ITEM NO YOUR NAME YOUR ADDRESS 🍃 Please check the appropriate boxes: D Oppose ☐ Support ☐ Neither Support Nor Oppose ☐ Wish to speak (3 min. limit) Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak ☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions At this meeting are you representing an organization or a person other than yourself: \(\simeg\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? ☐ Yes (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.) Are you an elected official or employee who is appearing solely on behalf of your office or ☐ Yes for your municipality or other governmental body? No 🖳 (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year. (Please go to the City Clerk's website <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.) Signature

PLAN COMMISSION

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 🖇 SU	BJECT/ADDRESS/TOPIC Tot	a Court
YOUR NAME LEDELL ZEL	LERS DAT	
YOUR ADDRESS 510 N CAR		
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 of	n organization or a person other the complete the rest of this form. If you answ	an yourself: Yes No ered "yes," go on to the next questions.)
Name, address and telephone number of ea	1	_
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Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization? In STOP. You need not complete the rest of	☐ Yes ☐ No of this form.
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this fo	Yes No
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Date S	ignature	

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YOUR ADDRESS 16	AGENDA ITEM NO.7-8 SU	JBJECT/ADDRESS/TOPIC $oldsymbol{\mathbb{Z}}_{oldsymbol{arphi}}$	Ta CT- Prop	laco	
Please check the appropriate boxes: Support St Oppose	YOUR NAME To Margar DATE 1/14/13				
Please check the appropriate boxes: Support St Oppose	YOUR ADDRESS 146 L.	ngdon Sy Madison	WI 57703		
□ 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 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 other paid duties for this person or organization? □ Yes □ No (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.citvofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			•		
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC 1	of A court
YOUR NAME WILLE DA	TE 2013 DI 14
YOUR ADDRESS 140 LANGED ST A	MADUSON WI
Please check the appropriate boxes:	
□ Support	☐ 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 answer question	-
At this meeting are you representing an organization or a person other to (If you answered "no," STOP; you need not complete the rest of this form. If you answered the complete the rest of this form.	han yourself: Yes Wes
Name, address and telephone number of each person or organization you are rep	presenting:
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 If you answered "yes," please continue.)	of this form.
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AGENDA ITEM NO. 7 SU	BJECT/ADDRESS/TOPIC	PROPOSAL	(10TA CT)
YOUR NAME SASON TISH	DATE	14 JAN.	2013
YOUR ADDRESS 2714 LAFO			
Please check the appropriate boxes:			
☐ Support	TOppose \Box	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	n to speak
☐ Available to answer questions	☐ Available to answer questions		o answer questions
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AGENDA ITEM NO. 7-8 SU	BJECT/ADDRESS/TOPIC	tand) atou	Herry	St. Derling
YOUR NAME Benjam Die	rl D	ATE <u> 1//4</u>	12013	
YOUR ADDRESS 556 5tot	e street Hou			
Please check the appropriate boxes:		•		
☐ Support	☐ Oppose	☐ Neither S	Support No	r 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 sp	eak
☐ Available to answer questions	☐ Available to answer question	ons 🛚 Avail	able to ansv	ver questions
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AGENDA ITEM NO. 7¢% SUBJECT/ADDRESS/TOPIC_					
YOUR NAME TETER OSTLIND DATE /-	14-13				
YOUR ADDRESS 533 W. Main St. MADIGOV	J				
Please check the appropriate boxes:	,				
□ Support □ Neither	Support Nor Oppose				
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	h to speak (3 min. limit)				
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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 (County Building, Madison, for more information.)	Office at Room 103 of the City-				
Date Signature					

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 7				
YOUR NAME Franky	Ingebritson	DATE	Jan 14, 21	013
YOUR NAME Franky YOUR ADDRESS 516	Wisconsin,	Ave #1	5370	3
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 questio	ns	swer questions	☐ Available to an	nswer questions
At this meeting are you representing (If you answered "no," STOP; you need				No ext questions.)
Name, address and telephone number of	of each person or organiza	tion you are represe	enting:	
Are you being paid for your representation	n?		Yes	No 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 tions, STOP. You need not a	organization? complete 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, Sethat you must sign this form. If you answer	ital body? TOP. You need not complete	e the rest of this form	☐ Yes n except	No
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 1. Before you engage in lobbying as a l	obbyist, you or your princip	al must file an author	rization with the City C	lerk.
2. Your principal is not permitted to au				
If your principal spends or will owe principal must file expense statement	more than \$1,000 for lobbyings with the City Clerk for the	ng services in any re e remaining quarters	porting period (calenda of the calendar year.	r six months), the
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Date	Signature			

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AGENDA ITEM NO. 8 SUBJECT/ADDRESS/TOPIC <u>Loty</u> Ct
YOUR NAME Francy Ingebritson DATE Jan 14, 2013 YOUR ADDRESS 514 Wisconsin Ave #1 53703
YOUR ADDRESS 514 Wisconsin Ave #1 53703
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: 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?
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. 7-8 SUBJECT/ADDRESS/TOPIC N	. Henry + lota (t.
	DATE 1/14/13
YOUR ADDRESS 2308 University Pue. #40 1	Madison, WI 53726
Please check the appropriate boxes:	•
□ Support □ Oppose 🌓	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) Wish to speak (3 min. limit)	t) 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 questi	ions Available to answer questions
At this meeting are you representing an organization or a person other (If you answered "no," STOP; you need not complete the rest of this form. If you are	answered "yes," go on to the next questions.)
Name, address and telephone number of each person or organization you are 120 Langdon St. Madison WI S3713	Delta Delta Delta Fraternizy
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 If you answered "yes," please continue.)	? Yes 💆 No rest of this form.
Are you an elected official or employee who is appearing solely on behalf of your for your municipality or other governmental body? (If you answered "yes" to the question, STOP . You need not complete the rest of t that you must sign this form. If you answered "no" to the question, go on to the ne	his form except
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Date Signature	

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* Please list me last for Speakers

AGENDA ITEM NO. 7+8 SUI	BJECT/ADDRESS/TOPIC	
YOUR NAME Alder Bridg	et Maniau DATI	E Jan 14 2013
YOUR ADDRESS 916 E	orham St Apt F	.,,,,,
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	n organization or a person other tha	an yourself: Yes No
(If you answered "no," STOP; you need not on Name, address and telephone number of ea		
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	<u>.</u>	
Are you being paid for your representation?		Yes I No
Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization? STOP. You need not complete the rest of	this form.
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	ody? You need not complete the rest of this for	rm except Ves No
If you are being paid for your representation, or	or if your appearance is part of other paid of	duties, please be advised that:
1. Before you engage in lobbying as a lobby		•
2. Your principal is not permitted to authoriz	·	·
3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any r h the City Clerk for the remaining quarter	eporting period (calendar six months), the softhe calendar year.
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AGENDA ITEM NO. 7 08 SU	BJECT/ADDRESS/TOPICWATEN	Frant Apratments
YOUR NAME / GRAY Nelsa	W DATE	1-14-13
YOUR ADDRESS <u>South</u> ST	BUCHTON	
Please check the appropriate boxes:		
☑ Support	□ Oppose □	Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of each	complete the rest of this form. If you answere	d "yes," go on to the next questions.)
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.	duties for this person or organization?	Yes No
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	is appearing solely on behalf of your office or oody? ••• You need not complete the rest of this form	Yes No
If you are being paid for your representation,	or if your appearance is part of other paid du	ies, please be advised that:
	rist, you or your principal must file an author ze you to lobby unless the principal is registe	•
3. If your principal spends or will owe more	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of	orting period (calendar six months), the
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AGENDA ITEM NO. 7-8 SU		inydon & Lota ct
YOUR NAME Russ Tie,	DATE.	1/14/13
YOUR ADDRESS //2 Bres/av	od ct	
Please check the appropriate boxes:		
□Support	□ Oppose □	Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)
Name, address and telephone number of ea	ich person or organization you are represe	enting:
Are you being paid for your representation?		☐ Yes Yoo
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? S., STOP. You need not complete the rest of the	his form.
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	ze you to lobby unless the principal is registe	· ·
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AGENDA ITEM NO. 7-8 SUBJECT/ADDRESS/TOPIC WANGOU
YOUR NAME Scott KILLY DATE 1/14/13
YOUR ADDRESS 120 E. LAKE SID
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
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AGENDA ITEM NO. 7+8 SU	JBJECT/ADDRESS/TOPIC Watel	2 FRONT APT.
YOUR NAME Toby Melo	THER DATE	1-14-13
YOUR ADDRESS S. Stou		Dison
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 Name, address and telephone number of ea	complete the rest of this form. If you answered	yourself: Yes No
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.
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? You need not complete the west of this form	Yes Vo
If you are being paid for your representation, of	or if your appearance is part of other paid duti	es, please be advised that:
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Date /-/4-13 S	ignature January	
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AGENDA ITEM NO. 748 SU	BJECT/ADDRESS/TOPIC	
	angl DAT	E 1/14/13
YOUR ADDRESS ()555.	Centucy Ano	(Janapa W)
Please check the appropriate boxes:	cerriary rive	With the state of
~ /	7.0	
/	☐ 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 answ	ered "yes," go on to the next questions.)
Name, address and telephone number of ea	ch 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 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 f this form.
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	☐ Yes ☐ No rm except
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised that:
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Date	Signature	

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AGENDA ITEM NO. 7 🛊 🎖 SU	BJECT/ADDRESS/TOPIC 3541	14 WATEKFION AT	
YOUR NAME SARAN CAMP	PAMAC DATE	· . / . 1	
YOUR ADDRESS 406 SUEW		7	
Please check the appropriate boxes:			
Support	□ Oppose □	Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answere	d "yes," go on to the next questions.)	
Name, address and telephone number of ea			
WENNER WATER CONTROL	PT		
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	uis form.	
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	ze you to lobby unless the principal is registe		
 If your principal spends or will owe more principal must file expense statements with 	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters o	orting period (calendar six months), the fifthe calendar year.	
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informati	tyofmadison.com/clerk/index.html or go to the	e Clerk's Office at Room 103 of the City-	
Date S	Signature Samb Gunto	<u>~</u>	

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. 728 SUBJECT/ADDRESS/TOPIC Water front apprenents
YOUR NAME Steven Sohnson Date 1/14/13
YOUR ADDRESS 1438 N. Stoughton Rd Madison, 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
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?
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 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.) Date \[\begin{array} \begi

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AGENDA ITEM NO. 7-8 SU	BJECT/ADDRESS/TOPIC	eter Front Afts
	eyer DATE	1 111 17
YOUR ADDRESS 1438	N. Stoughton 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 a (If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you answer	ed "yes," go on to the next questions.)
Are you being paid for your representation?		☐ Yes ÛVNo
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		☐ Yes ÆNo 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 fort	n except
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	yist, you or your principal must file an autho	_
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AGENDA ITEM NO. 7-8 SUBJECT/ADDRESS/TOPIC							
YOUR NAME Mark Abdaman DATE 1/4/13							
YOUR ADDRESS LOJ S		•					
Please check the appropriate boxes:							
☑ Support	□ Oppose □	Neither S	Support I	Nor Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish 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	☐ Availa	able to an	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 answere ach person or organization you are repres	ed "yes," go	on to the ne	-			
TBEW Local 139 /6025.	Parkst. Mclison, WI 5371	5 05	2-788	3			
Are you being paid for your representation?	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 Male x. 14f							
			· · · · · · · · · · · · · · · · · · ·				

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AGENDA ITEM NO. 7/2 SUBJECT/ADDRESS/TOPIC //ouden #7-P						
YOUR NAME GREG DOMBROWSKI DATE 1/14/13						
YOUR ADDRESS 1801 Midden Mill, Madron						
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 \(\sigma\) (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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Date ///9/13 Signature						

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC _ WATELFRONT APARTMENTS					
YOUR NAME GENE RUSTICK DATE JANUARY 14, 2013					
YOUR ADDRESS 1602 S. PARK ST.					
Please check the appropriate boxes:					
☑ Support ☐ Oppose ☐ Neither Support Nor Oppose					
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)					
Do not wish to speak Do not wish to speak Do not wish to speak					
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions					
At this meeting are you representing an organization or a person other than yourself: \(\sum \text{Yes}\) \(\sum \text{No}\) (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. 7 8	UBJECT/ADDRESS/TOPIC WA	ter Front Apts
· · · · · · · · · · · · · · · · · · ·		E 1-14-2012
YOUR ADDRESS 5801 6	emini Diz. Apt 1	18.
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 the complete the rest of this form. If you answer each person or organization you are representation.	n yourself: Yes No
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 the state o	this form.
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(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informa	itvofmadison com/clerk/index bunl or go to t	
Date 14-7017.	Signature <u>MADAMM</u>	

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AGENDA ITEM NO. 748 SUB	BJECT/ADDRESS/TOPIC Vat	er fron't			
YOUR NAME Nick Hake	DATE	E_1/14/1>			
YOUR ADDRESS 1438 N.	Stoglan Rd Mad	1.30m of			
Please check the appropriate boxes:					
□-Support □	l Oppose	☐ Neither Support Nor Oppose			
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			
Debo 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 (If you answered "no," STOP; you need not co	omplete the rest of this form. If you answe	red "yes;" go on to the next questions.)			
Name, address and telephone number of each	ch person or organization you are repre	senting:			
(10)	00/4 0730-1 - 74 3	77/19			
Are you being paid for your representation?		Yes Ano			
Are you appearing as part of your other paid du (If you answered "no" to both these questions, If you answered "yes," please continue.)	aties for this person or organization? STOP. You need not complete the rest of	this form.			
Are you an elected official or employee who is for your municipality or other governmental bo (If you answered "yes" to the question, STOP. that you must sign this form. If you answered "you answered".	ody? You need not complete the rest of this for	m except Yes No			
If you are being paid for your representation, or	r if your appearance is part of other paid o	luties, please be advised that:			
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Date ///// Sig	gnature // S				

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AGENDA ITEM NO. 7-8 SU	JBJECT/ADDRESS/TOPIC	Water Front Ap.		
YOUR NAME / Prey /	1 Govern	DATE <u>/-/-/3</u>		
YOUR ADDRESS //	138 N. Stoughton	Rd :		
Please check the appropriate boxes:				
Support	□ Oppose	☐ Neither Support Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. li	mit) 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 que	estions		
At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?		☐ Yes ☐ 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 organizates, STOP. You need not complete t	ion?		
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(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informa	cityofmadison.com/clerk/index.htm tion.)	l or so to the Clerk's Office at Room 103 of the City-		
Date	Signature	gu-		

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC WATER FRONT APT					
YOUR NAME KENT COSTELLO DATE 1/14/2017					
YOUR ADDRESS 132 E WISON ST , MADISON, WI 53703					
Please check the appropriate boxes:					
□ Support □ Oppose □ Neither Support Nor Oppose					
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)					
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak					
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions					
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Are you 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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(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 1/14/2012 Signature					

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. #7 SU	BJECT/ADDRESS/TOPICWa+	evero	nt A	-may Imanto
YOUR NAME Lauren Le		1.7	1.201	2
YOUR ADDRESS <u>2530</u> M	yrtlest madisan	W!	0582	J
Please check the appropriate boxes:				J
Support	□ Oppose □	Neither	Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			(3 min. limit)
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☐ Available to answer questions	☐ Available to answer questions			swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not a	complete the rest of this form. If you answered	yourself: d "yes," go	□ Vec	MNG
Name, address and telephone number of ea	ach person or organization you are represe	nting:		,
		COMMON SOCIETATION		
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Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of th	is form.	☐ Yes	No No
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(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more informati	tyofmadison.com/clerk/index.html or go to the	e Clerk's O	ffice at Roon	n 103 of the City-
Date 4:49 1.14.2013 s	ignature level alle	2		
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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC Wate	rfnon	+ aper	Aments		
YOUR NAME angela Hul	L DATE_		1			
YOUR ADDRESS 1200 JO	nn Q Hammons Dr.	Madi	COD	THEZ IW		
Please check the appropriate boxes:	,		-			
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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? s, STOP. You need not complete the rest of th	is form.	☐ Yes	Ďl No		
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. 0.0	Signature <u>ANGCIA K HUU</u>) '				

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AGENDA ITEM NO. 7 SU	BJECT/ADDRESS/TOPIC WAA	crifront Ant			
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	no Hammons Driver Ma		3717.		
Please check the appropriate boxes:					
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Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to s	peak		
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At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answere	d "yes," go on to the nex	∭No t questions.)		
Name, address and telephone number of e	ach person or organization you are represe	nting:			
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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 form	☐ Yes	□ No		
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Date Jan. 14, 2013	Signature				

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AGENDA ITEM NO		BJECT/ADDF	RESS/TOPIO	c Wat	coffen	1	2
YOUR NAME	lichael	Hull		DATE_	1/14	12113	
YOUR ADDRESS _ K	200 John	a Han	mons	Drim	adist	h, WI	53717
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K Support		1 Oppose			Neither S	Support N	or Oppose
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☐ Available to answ	er questions	☐ Available	to answer q	uestions	☐ Avail	able to an	swer questions
At this meeting are you if (If you answered "no," STOR	P; you need not c	omplete the rest	of this form. I	fyou answere	d "yes," go	Yes on to the ne	☑ No ext questions.)
Name, address and telephor	ie number of ea	ch person or or	ganization yo	u are represe	nting:		
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Are you appearing as part of (If you answered "no" to bot. If you answered "yes," pleas	h these questions	luties for this per s, STOP. You nee	rson or organiz ed not complet	zation? te the rest of th	nis form.	☐ Yes	□ No
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Date 1/14/201	3 s	Signature	1.6.1	the			
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AGENDA ITEM NO. 78 SU	BJECT/ADDRESS/TOPIC WATE	altran	T APT	•
YOURNAME Ken Mehlb	erg Date	. 1 . 1	3	
YOUR ADDRESS 66 5 OA	ebridge Ct #107			
Please check the appropriate boxes:	Ú :			
⊠Support Support	□ Oppose □	Neither	Support I	Nor Oppose
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Do not wish to speak	☐ Do not wish to speak		ot wish to	•
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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 answere	yourself: ed "yes," go	□ vec	□ No
Are you being paid for your representation?			☐ Yes	DKN0
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of the	his form.	☐ Yes	□\vio
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Date 11413 S	ignature			
44				

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AGENDA ITEM NO. 7 - 8 SU	BJECT/ADDRESS/TOPIC 619	-625 N HEWRY 145
YOURNAME BRYCE	E KESL DATE	, n 1
YOUR ADDRESS 3C17	HARPER RD M	1 Cu Cocidas
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)
□ o 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	n organization or a person other that complete the rest of this form. If you answer	n yourself: Yes No red "yes," go on to the next questions.)
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Are you being paid for your representation?		☐ Yes 🖾 Yo
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 1.14.13	Signature 2	5

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CONTRACTOR OF CALL	DIEGE/ADDREGG/TODIC 1./A	2240-15
AGENDA ITEM NO. 748 SU		
YOUR NAME ROBERT DUN	J DATE	;·
YOUR ADDRESS 1003 Kets	LECART	
Please check the appropriate boxes:	•	
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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 answe	red "yes," go on to the next questions.)
Name, address and telephone number of ea	ach 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? s, STOP. You need not complete the rest of	this form.
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Date	Signature Tobert Su	sen!

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YOUR NAME
Please check the appropriate boxes: Support
□ Support □ 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: □ 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 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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PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC
YOUR NAME VILLS / Cohnic DATE / C/13
YOUR ADDRESS 833 /Man; Pass
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: \(\sigma\) 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. 148 SU	IBJECT/ADDRESS/TOPIC	posed Lend	ition a Rezo
YOUR NAME Stephe	2 GOING DAT	E 1/14/13	
YOUR ADDRESS 50 I	Lota Court, Me	adisonul	
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 ans	swer questions
At this meeting are you representing (If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you answ	ered "yes," go on to the ne	□ No xt questions.)
			N 3-
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 of this form.	Ño No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STC that you must sign this form. If you answered	body? PP. You need not complete the rest of this fo	orm except	□ No
If you are being paid for your representation	, or if your appearance is part of other paid	duties, please be advised the	nat:
1. Before you engage in lobbying as a lobb	byist, you or your principal must file an aut	horization with the City Cl	erk.
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If your principal spends or will owe mo principal must file expense statements v	re than \$1,000 for lobbying services in any with the City Clerk for the remaining quarte	reporting period (calendar ers of the calendar year.	six months), the
(Please go to the City Clerk's website <u>www.</u> County Building, Madison, for more informa	<u>cityofmadison.com/clerk/index.html</u> or go i ation.)	to the Clerk's Office at Root	m 103 of the City-
Date 1/14/13	Signature		

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AGENDA ITEM NO. 7-8 SU	BJECT/ADDRESS/TOPIC $\mathcal{V}_{ ext{foros}}$	ed De	emolitro	n + Rezoning
YOUR NAME Luke Rykos	1	1/14		0
YOUR ADDRESS 150' Tota				
Please check the appropriate boxes:				
☐ Support	Ճ 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		not wish to	•
☐ Available to answer questions	☐ Available to answer questions			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 answere	yourself d "yes," g	∵ □ Yes	No.
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.	☐ 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, STOF that you must sign this form. If you answered	ody? P. You need not complete the rest of this form	evcent	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid dut	ies, please	be advised th	hat:
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	ze you to lobby unless the principal is register			
3. If your principal spends or will owe more	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters o	orting neri	od (calendar	
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informati	tyofmadison.com/clerk/index.html or go to the	e Clerk's C	Office at Room	n 103 of the City-
Date S	ignature		***************************************	
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REGISTRATION FORM YOUR NAME S 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 que ions At this meeting are you representing an organization or a person other than yourself: \(\simeg\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next quest 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? ☐ Yes ☐ No (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year. (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Signature

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AGENDA ITEM NO. 74 & SUBJECT/ADDRESS/TOPIC Tota (4. Development
YOUR NAME <u>Fenjamin</u> Counther DATE 1/14/13
YOUR ADDRESS 150 Iota Ct.
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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Date <u>V/4/13</u> Signature 1

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AGENDA ITEM NO.	SUBJECT/ADDRESS/T	OPIC WHOLESE FLOR	rultata D
YOUR NAME AME	Lawrence	DATE 0 1-10	102013
YOUR ADDRESS <u> OS</u>	1 OKeepte Ave	#1966 Sin Prairie	200
Please check the appropriate bo	oxes:	The factor of the co	2,001
☐ Support	☐ Oppose	D Noith a	5550
☐ Wish to speak (3 min. lim	1	☐ Neither Suppor	
☐ Do not wish to speak	in to speak (5 h		
. *	Do not wish to spe	- 20 HOL WISH	to speak
☐ Available to answer ques		er questions	answer questions
At this meeting are you represent of you answered "no." STOP: you ne	ating an organization or a per		
(If you answered "no," STOP; you ne Name, address and telephone numb	er of each person or organization	n. If you answered "yes," go on to the	next questions.)
Theta Build	LIM (ASSI)	1 you are representing:	34
_1/a \150m, w	153703	608 CT) 212	2/ /
Are you being paid for your representa	ition?	□ Yes	VIA2
Are you appearing as part of your othe (If you answered "no" to both these quality on answered "yes" please continued.	r paid duties for this person or orga		No.
If you answered "yes," please continue	e.)	lete the rest of this form.	7.0
Are you an elected official or employee	e who is appearing solely on behal	of your office or	_
for vour municipality of other governm	lental hody?		SANO
(If you answered "yes" to the question, that you must sign this form. If you ans	wered no to the question, go on	rest of this form except to the next questions.)	(-110
If you are being paid for your represent	ation, or if your appearance is part	of other paid duties, please be advised	that-
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principal must file expense stateme	e more than \$1,000 for lobbying searts with the City Clerk for the remarks	rvices in any reporting period (calendar aining quarters of the calendar year	r six months), the
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Date 01-14-13	_ Signature _ Clare	Maneres	

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0		111 Paul auf
AGENDA ITEM NO. SUI	BJECT/ADDRESS/TOPIC Hemy	1 lota Religional
YOUR NAME / CMULAY ON	DATE DATE	1/14/2015
YOUR ADDRESS 120 1	andor	
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 of Name, address and telephone number of each of the state of the s	n organization or a person other than complete the rest of this form. If you answere	ed yes, go on to the next questions.)
Are you being paid for your representation?		☐ Yes Yo
Are you appearing as part of your other paid of (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? Solution, STOP. You need not complete the rest of the state of the s	his 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? • You need not complete the rest of this forn	n except
If you are being paid for your representation,	•	
· -	yist, you or your principal must file an autho	
2 Your principal is not permitted to author	ize you to lobby unless the principal is regist	tered with the City Clerk.
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Date 0//19/001	Signayina	

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AGENDA ITEM NO. 7 SU	BJECT/ADDRESS/TOPIC	
YOUR NAME CONEN HUI	DATE_	1/14/2013
YOUR ADDRESS 137 LANG	DON ST. APT #3	·
Please check the appropriate boxes:		
☐ Support	☑ Oppose □	Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☑ Available to answer questions	☐ Available to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answered	l "yes," go on to the next questions.)
Are you being paid for your representation?		Yes Yo
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	☐ Yes
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this form	☐ Yes ☐ No except
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GENDA ITEM NO & SUBJECT/ADDRESS/TOPIC _ Lang Ista Court
OUR NAME Carey Baines DATE 1/14/13
OUR ADDRESS 211 Langdon
ease check/the appropriate boxes:
Support Doppose Deither Support Nor Oppose
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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ame, address and telephone number of each person or organization you are representing: UM290 Delta Phi Figteraly Inc.
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ate 1/14/13 Signature Cc

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 🔝 SU		y/Iota Ct. Redev	clopunt
YOUR NAME Jona than Do	+en DATE	1-14-13	
YOUR ADDRESS 2 W Go.	chan		
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 s	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 e	an organization or a person other tha complete the rest of this form. If you answe	red "yes," go on to the ne	☐ No ct questions.)
Omega Delta Phi, I	-ratern)+y		
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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11410	Janes Har		

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. 7-8 SUBJECT/ADDRESS/TOPIC <u>Lota Ct</u>					
YOUR NAME <u>Gregory</u> H	litch	DATE _	1//	4//	<u> </u>
YOUR ADDRESS //SO	Iota ct	Madrso	n'W.	£ 5	3703
Please check the appropriate boxes:					
☐ Support	Oppose	. 0	Neither Su	pport N	or Oppose
☐ Wish to speak (3 min. limit)	\bigcup_{n}^{∞} Wish to speak (3 n	nin. limit)	☐ Wish to	speak (3 min. limit)
☐ Do not wish to speak	Do not wish to spe	ak	☐ Do not	wish to	speak
☐ Available to answer questions	☐ Available to answe	er questions	☐ Availab	ole to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this for	m. If you answered	l "yes," go or	Yes to the ne	☐ No xt questions.)
Name, address and telephone number of each person or organization you are representing: 11 Pha Lota of Chi Si - (resident, (120) 265-2942					
Are you being paid for your representation?	•	•	C	☐ 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.)				☐ Yes	Мо
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				

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AGENDA ITEM NO. 7-8 SUBJECT/ADDRESS/TOPIC Total Court			
YOUR NAME <u>Flizabeth Bhrmann</u> DATE 1(14/12			
YOUR ADDRESS 120 Lange	on 87.	-	
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 \(\sigma\) 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.)			
	ach person or organization you are represe		
J			
Are you being paid for your representation?			
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AGENDA ITEM NO. 7-8 SU	BJECT/ADDRESS/TOPIC <u>Hov</u>	clew-Bruce Demolition a	
YOUR NAME LINDE KO	nd DAT	E1-14-2018 11]	
YOUR ADDRESS 804 (2	wis ct		
Please check the appropriate boxes:			
□ Support	⊠ Oppose	☐ Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions	Available to answer questions	☐ Available to answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answ	ered "yes," go 6n to the next questions.)	
Name, address and telephone number of experience of the Karpa Karpa	ach person or organization you are repr Gamma Alvw A	esenting: dusory Boowd	
Are you being paid for your representation?		☐ Yes	
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.	
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AGENDA ITEM NO. 7-8 SUBJECT/ADDRESS/TOPIC Proposed	Demoliticy & rezoning		
YOUR NAME Gavin Denzer DATE //	14/13		
YOUR ADDRESS 150 Jola Court			
Please check the appropriate boxes:			
□ Support □ Oppose □ Neir	ther 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 your (If you answered "no," STOP; you need not complete the rest of this form. If you answered "ye	self: 🛱 Yes 🔲 No s," 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 for If you answered "yes," please continue.)	☐ Yes No m.		
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Date // 14/13 Signature			

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AGENDA ITEM NO. 7-8 SUBJECT/ADDRESS/TOPIC 6/9/675 W. HENRY ST			
YOUR NAME ROBERT LUX DATE 1/14/13			
YOUR ADDRESS 521 EUGENIA AVE, MADISON 53705			
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. 7-3 SU	BJECT/ADDRESS/TOPIC	Ista Ct Der	
YOUR NAME John Mognino DATE 1/14/12			
YOUR ADDRESS 423 N	Corroll		
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 ☐ Available to answer question		
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7			
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AGENDA ITEM NO. 7-Y SUBJECT/ADDRESS/TOPIC LATA/ 17			
YOUR NAME YMMM GALMAN DATE			
1	wham or		
Please check the appropriate boxes:			
☐ Support	□ Oppose	Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions	
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Are you being paid for your representation?	House corporation	☐ Yes ☐ No	
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