	- JOHA	ISON OHYTON APARTHENTS	
AGENDA ITEM NO. 6 7 SU	BJECT/ADDRESS/TOPIC 415 W.	JOHNSON, 226 N. BROWN, 424 W. BAYTON	
YOUR NAME ERIC LAWSO,	√ DAT	E_MARIN 4,2013	
YOUR ADDRESS 15 EUS	POTTER CORT		
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	*	
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: DAYTW SWARE, 6606 SWAWD FO 273-9808			
Are you being paid for your representation?		Yes 🗆 No	
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)			
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)			
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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 3/4/2013 Signature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 6 +7 SUBJECT/ADDRESS/TOPIC Daylon Square Cysto			
YOUR NAME KOSEMARY LEE DATE 3-4-13			
YOUR ADDRESS III W Wi	ISON # 108 5370	53	
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 Name, address and telephone number of each of the state of the stat	complete the rest of this form. If you answe	ered "yes," go on to the ne	No ext questions.)
	ach person of organization you are repr	esenting.	
	:	The Control of the Add Add Add Add Add Add Add Add Add Ad	
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AGENDA ITEM NO. 647 SUBJECT/ADDRESS/TOPIC 413 W. Johnson Street, etc.			
YOUR NAME Ald. Mike Verveer DATE 3/4/13			
YOUR ADDRESS 614 W. Doty Street, #407			
Please check the appropriate boxes:			
Support □ Oppose □ Neither 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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AGENDA ITEM NO. 6, SU	BJECT/ADDRESS/TOPIC Û	aylon I guer	
YOUR NAME ZEPA	Pop DATI	3/4/2013	
YOUR ADDRESS	-	312 N. BAS	BRETTST
Please check the appropriate boxes:			
☐ Support	Oppose Oppose	☐ Neither Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	1
At this meeting are you representing a (If you answered "no," STOP; you need not o	n organization or a person other that complete the rest of this form. If you answe	n yourself: Yes red "yes," go on to the ne	□ No
Name, address and telephone number of ea	nch person or organization you are repre	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 this 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 for	Yes 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 SUBJECT/ADDRESS/TOPIC HOUSING COMSTAUCTION				
YOUR NAME Darren Terrel DATE 03/01				
YOUR ADDRESS <u>くろ</u> こ い	Olin 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	3	
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		4		
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AGENDA ITEM NO. (pt 7 SUBJECT/ADDRESS/TOPIC			
YOUR NAME (STEVREL) DATE 3/4/2013			
YOUR ADDRESS 150 S L	toncock 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	
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AGENDA ITEM NO. 67 SUBJECT/ADDRESS/TOPIC PAYTON/TOTHISM AND TO			
YOUR NAME BREST MINER DATE 3/4/13			
YOUR ADDRESS FLOUGARY 10	Lear Estrate Dev., 789.	N. WATER ST.	•
Please check the appropriate boxes:	# 200, MI CONSULLE,	WI 53202	
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 s	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 a Name, address and telephone number of ea	complete the rest of this form. If you answer	red "yes," go on to the next	No t questions.)
		-	
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AGENDA ITEM NO. 6-7 SUBJECT/ADDRESS/TOPIC 415 W. Johnson			
YOUR NAME RON LOCAST DATE 3-4-12			
YOUR ADDRESS 15 BILLS PO			
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 o (If you answered "no," STOP; you need not com	organization or a person other than uplete the rest of this form. If you answer	n yourself: Yes No	
Name, address and telephone number of each Physical Lawson Inc., 15 Ellis	person or organization you are repres	senting:	
	n W 53711		
Are you being paid for your representation?		ॻ॔ Yes □ Ņo	
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 3-4-13 Signature Mall Frank			

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. 617 SUBJECT/ADDRESS/TOPIC			
YOUR NAME Lee Hac	ct DAT	E 314 120	
YOUR ADDRESS 418 W	Johnson A		
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	. \	~	
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Name, address and telephone number of ea	ich person or organization you are rep	resenting:	
NAN	- THEAT A	y spue one	
Are you being paid for your representation? Suilling to Keep low Yes Length Are you appearing as part of your other paid duties for this person or organization? In Colombia 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.)			
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