AGENDA ITEM NO. 15/16 SUI	BJECT/ADDRESS/TOPIC V	1ster Clark	
$\sim$ / $\sim$	vedebusch DATE		
YOUR ADDRESS 133 M	ca dow Ridge Ln	MADISON	
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 a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answe	red "yes," go on to the 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.)	luties for this person or organization? s, STOP. You need not complete the rest of	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	oody? • You need not complete the rest of this for	☐ Yes rm except	□ No
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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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
Date	Signature	viinaanin 4 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 15416 SUBJECT/ADDRESS/TOPIC Koyster Clark			
YOUR NAME DATE 5613			
YOUR ADDRESS 2708 Lakeland TWC			
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.)			
Name, address and telephone number of each person or organization you are representing:			
Tribute state (April)			
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Are you appearing as part of your other paid duties for this person or organization?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)			
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15 m 1/			
AGENDA ITEM NO	BJECT/ADDRESS/TOPIC Kous	ter-Clark	
YOUR NAME Kathy So	ukup DATE	5/6/2013	
YOUR ADDRESS 37/7 Da	wes St., Madison	253714	
Please check the appropriate boxes:	J	. /	
☑ Support □	☐ Oppose □	l 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 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 No	
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Date 5/6/2013	Signature Kathy Louhu	y, president	

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

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	ter Clark		
YOUR NAME Jacky Da Walt DATE 5	5/6/13		
YOUR ADDRESS 4119 Jerone 51			
Please check the appropriate boxes:			
□ Support □ Oppose □ Neit	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. Name, address and telephone number of each person or organization you are representing	s," go on to the next questions.)		
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		4-1	
AGENDA ITEM NO. 15/10 SU	BJECT/ADDRESS/TOPIC KV	yster	
YOUR NAME Shela G	outfoyle DATE	5-6-13	
YOUR ADDRESS 3914 /4	ock well Dr.		
Please check the appropriate boxes:			
X Support	□ Oppose	☐ Neither Support Nor Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions	
At this meeting are you representing an organization or a person other than yourself:   Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)  Name, address and telephone number of each person or organization you are representing:			
	·		
Are you being paid for your representation?		☐ Yes ► No	
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? is, STOP. You need not complete the rest of	f this form.	
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ALD. DAVID AHRENS, 15TH DIST., IS ALSO IN ATTENDANCE AND MAY WISH TO SPEAK.

	h	
AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC	Was the Turing
YOUR NAME Tet S	Moider DAT	E (5/6/12
YOUR ADDRESS 3722	BUSSE of	
Please check the appropriate boxes:		
Support	Орроѕе	☐ 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 each	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)
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Date	Signature	· ·

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AGENDA ITEM NO. 15-16 SU	BJECT/ADDRESS/TOPIC <u>R</u> 2	YSTER KE-Zentne
YOUR NAME MUNTY	CLIFCORN DAT	TE 5-6-2913
your address $837$	ROYSTÆR	
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	s
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Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		of this form.
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( ( 0013	Signature Worly V	R Clifton

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#### PLAN COMMISSION HEARING REGISTRATION FORM AGENDA ITEM NO. GSUBJECT/ADDRESS/TOPIC DATE YOUR NAME YOUR ADDRESS Please check the appropriate boxes: □ Oppose ☐ Neither Support Nor Oppose Wish to speak (3 min. limit) ish 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 A No ☐ Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.) 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 DINO (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 auestions.) 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/clkrk/index.html or go to the Clerk's Office at Room 103 of the City-

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

Signature

County Building, Madison, for more information.)

Date

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AGENDA ITEM NO. 15416 SU	BJECT/ADDRESS/TOPIC	yster Zoning & Platfing	
YOUR NAME 12yle Solams	DAT	TE 5-6-13	
YOUR ADDRESS 465 5		ANT 304 Undison WI	
Please check the appropriate boxes:		53h	94
⊠ 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 question	ıs
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Name, address and telephone number of ea	ach person or organization you are rep	resenting:	
Are you being paid for your representation?		✓ Yes □ No	
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Date 5-6-13	Signature Rush Calas	mo	

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AGENDA ITEM NO. 15 \$ 16 SU	BJECT/ADDRESS/TOPIC $\underline{\mathcal{L}_{\mathcal{O}}}$	ISTER ZONING & PLATTING		
YOUR NAME DAVIO NELSEN DATE 5/6/13				
YOUR ADDRESS 1570 RED				
Please check the appropriate boxes:				
<b>⊘</b> 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 (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:  \[ \lambda \cdot \cdo				
Are you being paid for your representation?		⊠ Yes □ No		
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Date 5/6/13 Signature				

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 15,16 SU		y Ste Clark		
YOUR NAME JEFF KUE	delous il DATE	5/6/13		
YOUR ADDRESS 22 17 MS	delleton Beach Rd	Middleton	WT 5356	
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 (	~ ~	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to s	•	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	_	
At this meeting are you representing (If you answered "no," STOP; you need not Name, address and telephone number of e	an organization or a person other than complete the rest of this form. If you answere	yourself: Yes d "yes," go on to the nex	□ 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? is, STOP. You need not complete the rest of the	is form.	□ No	
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO, that you must sign this form. If you answered	body? <b>P.</b> 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 dut	ies, please be advised that	at:	
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	W W UV UV			

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AGENDA ITEM NO. 5-16 SU	BJECT/ADDRESS/TOPI	Rouste - C	lank S.	e Rezonin
YOUR NAME TOWN STOP		DATE	Marle	2013
YOUR ADDRESS 4309 He	ead Ave - N	ladison	ויכי	
Please check the appropriate boxes:	J)			
Support	☐ Oppose	□ Neith	er Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min.	limit) 🔲 W	ish 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 of	uestions	ailable 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 ea	complete the rest of this form. I	fyou answered "yes,"	lf: Yes	₩ No ext questions.)
Are you being paid for your representation?  Are you appearing as part of your other paid of the paid	duties for this person or organiz	ation?	☐ Yes	Mar No Mar No
(If you answered "no" to both these questions. 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, STOP that you must sign this form. If you answered	is, STOP. You need not complete is appearing solely on behalf of body? P. You need not complete the re	e the rest of this form.  your office or  st of this form except	☐ Yes	No No
<ol> <li>If you are being paid for your representation,</li> <li>Before you engage in lobbying as a lobby</li> <li>Your principal is not permitted to authori</li> <li>If your principal spends or will owe more principal must file expense statements wi</li> <li>(Please go to the City Clerk's website www.ci</li> <li>County Building, Madison, for more informat</li> <li>Date</li> </ol>	yist, you or your principal must ize you to lobby unless the prine than \$1,000 for lobbying servith the City Clerk for the remainity of madisan.com/clerk/index.h	file an authorization vipal is registered with ces in any reporting paing quarters of the cal	vith the City Cl the City Clerk eriod (calendar lendar year.	erk. six months), the

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AGENDA ITEM NO. <u>15/16</u> SU	BJECT/ADDRESS/TOPIC <u>Røy</u> s	ter-clark	<u> </u>	
YOUR NAME BJ OHEMP	YEL DATE	5/6/13	<u> </u>	
YOUR ADDRESS 472270	urper Ave	7 /		
Please check the appropriate boxes:			9	
🛱 Support	□ Oppose □	☐ Neither Supp	ort Nor Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to sp	eak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	sh to speak	
Available to answer questions	☐ Available to answer questions	☐ Available t	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 of the state of the stat	complete the rest of this form. If you answer	ed "yes," go on to		
	ech person or organization you are repre-	senting.		
·				
Are you being paid for your representation?		☐ Y	es 🔲 No	
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AGENDA ITEM NO. 15-16 SUBJECT/ADDRESS/TOPIC Roystor-Clark				
YOUR NAME Sosha Lund DATE 5/6/13				
YOUR ADDRESS 3933 Rockwell Dr. Madison, WI 53714				
Please check the appropriate boxes:				
Support	☐ Oppose	☐ Neither Support N	l Neither Support Nor Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (	☐ Wish to speak (3 min. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		
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Are you being paid for your representation?		☐ Yes	☑ No	
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AGENDA ITEM NO. 15-16 SUBJECT/ADDRESS/TOPIC ROUSTER-CLARK			
YOUR NAME CHRIS LUND DATE 5/6/13			
YOUR ADDRESS 3933 ROCKWELL DR			
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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