

**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 15/16 SUBJECT/ADDRESS/TOPIC Register Clerk
YOUR NAME Carl Ruedebusch DATE 5/6/13
YOUR ADDRESS 133 Meadow Ridge Ln MADISON

Please check the appropriate boxes:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ 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
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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 _____ Signature _____

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

1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.
Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 15416 SUBJECT/ADDRESS/TOPIC Royster Clark
YOUR NAME Bill White DATE 5/6/13
YOUR ADDRESS 2708 Lakeland 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

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(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:

Ruede busch Development

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.
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☐ Yes

☒ No

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Date 5/6/13 Signature [Signature]

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 157116 SUBJECT/ADDRESS/TOPIC Royster = Clark
YOUR NAME Kathy Soukup DATE 5/6/2013
YOUR ADDRESS 3717 Dawes St., Madison 53714

Please check the appropriate boxes:

☒ **Support**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

☒ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ 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:

Eastmor Land Community Association

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.)

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☐ Yes

☐ No

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Date 5/6/2013

Signature

Kathy Soukup, president

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 15/16 SUBJECT/ADDRESS/TOPIC Royster Clark
YOUR NAME Jacky DaWalt DATE 5/6/13
YOUR ADDRESS 4119 Jerome St

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 15/10 SUBJECT/ADDRESS/TOPIC Register
YOUR NAME Sheela Guilfoyle DATE 5-6-13
YOUR ADDRESS 3914 Rockwell Dr.

Please check the appropriate boxes:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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Are you being paid for your representation? ☐ Yes ☒ No

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ALD. DAVID AHRENS, 15TH DIST., IS ALSO
IN ATTENDANCE AND MAY WISH TO
SPEAK.

**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 15 SUBJECT/ADDRESS/TOPIC Royster Rezoning
YOUR NAME Fiet Schneider DATE 5/6/13
YOUR ADDRESS 3722 Busse 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: ☐ Yes ☒ No
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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

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☐ Yes

☐ No

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 15-16 SUBJECT/ADDRESS/TOPIC ROYSTER RE-ZONING
YOUR NAME MONTY CLIFCORN DATE 5-6-2013
YOUR ADDRESS 837 ROYSTER

Please check the appropriate boxes:

☐ **Support**

☐ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Available to answer questions

☐ **Oppose**

☒ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Available to answer questions

☐ **Neither Support Nor Oppose**

☐ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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☐ Yes

☒ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes

☒ No

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☐ Yes

☒ No

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Date 5-6-2013

Signature

Monty R Clifcorn

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

LEFT PRIOR TO
HEARING

AGENDA ITEM NO. 15416 SUBJECT/ADDRESS/TOPIC Royster Field
YOUR NAME Tony Tantillo DATE 5-6-13
YOUR ADDRESS 3618 Olbrich 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

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☐ Available to answer questions

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Are you being paid for your representation?

☐ Yes

☒ No

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☐ Yes

☒ No

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☐ Yes

☒ No

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Date 5-6-13 Signature Tony Tantillo

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**PLAN COMMISSION
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AGENDA ITEM NO. 15416 SUBJECT/ADDRESS/TOPIC Reyster Zoning & Platting

YOUR NAME Ryle Adams DATE 5-6-13

YOUR ADDRESS ~~460~~ 5002 Autumn Leaf Ln Apt 304 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

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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:

Ruedebusch Development & Construction

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.
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☐ Yes

☒ No

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Date 5-6-13 Signature Ryle Adams

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 15 & 16 SUBJECT/ADDRESS/TOPIC ROLYSTER ZONING & PLATTING

YOUR NAME DAVID NELSEN DATE 5/6/13

YOUR ADDRESS 1520 RED OAK CT MIDDLETON, 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:

RUEDEBUSCH DEU & CONST

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

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Date 5/6/13

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 15.16 SUBJECT/ADDRESS/TOPIC Ray Ste Clark
YOUR NAME Jeff Ruedebusch DATE 5/6/13
YOUR ADDRESS 2217 Middleton Beach Rd Middleton, WI 53562

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:

Roe 4605 Dewart Drive Madison, WI 53704

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

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 15-16 SUBJECT/ADDRESS/TOPIC Royster - Clark Site Rezoning
YOUR NAME Tom Stoebig DATE May 6, 2013
YOUR ADDRESS 4309 Hegg Ave - Madison

Please check the appropriate boxes:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Do not wish to speak

☐ Do not wish to speak

☒ Available to answer questions

☐ Available to answer questions

☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

☐ Yes

☒ No

Are you appearing as part of your other paid duties for this person or organization?

☐ 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

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Date 5-6-2013

Signature Thomas J. Stoebig

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 15/16 SUBJECT/ADDRESS/TOPIC Register - Clark
YOUR NAME BJ Obermeyer DATE 5/2/13
YOUR ADDRESS 4722 Turner 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

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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

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☐ Yes

☐ No

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 15-16 SUBJECT/ADDRESS/TOPIC Royster-Clark
YOUR NAME Sosha Lund DATE 5/6/13
YOUR ADDRESS 3933 Rockwell Dr., Madison, WI 53714

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No
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Are you being paid for your representation?

☐ Yes ☒ No

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Signature

Sosha Lund

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 15-16 SUBJECT/ADDRESS/TOPIC ROYSTON-CLARK
YOUR NAME CHRIS LUND DATE 5/6/13
YOUR ADDRESS 3933 ROCKWELL DR

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
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☐ Yes ☒ No

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