AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 6007	2 COTTAGE GROVE ROAD
	NOV. 19, 2012
YOUR ADDRESS 170 EAST LAKESIDE STETET	
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 (If you answered "no," STOP; you need not complete the rest of this form. If you answere	yourself: Yes No
Name, address and telephone number of each person or organization you are represe	enting:
Are you being paid for your representation?	☑ Yes ☐ No
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of the If you answered "yes," please continue.)	is form.
Are you an elected official or employee who is appearing solely on behalf of your office of for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form that you must sign this form. If you answered "no" to the question, go on to the next question.	Yes No
If you are being paid for your representation, or if your appearance is part of other paid dut	ties, please be advised that:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an author	ization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless the principal is registe	ered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any rep principal must file expense statements with the City Clerk for the remaining quarters of	orting period (calendar six months), the 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 Nov. 19 2012 Signature	

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC SIFAUSBURG. YOUR NAME DATE DATE DATE		
Please check the appropriate boxes: Support		
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Wish to speak (3 min. limit)		
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YOUR NAME ALMALLEY DATE			
YOUR ADDRESS 734 North Star Drivi			
Please check the appropriate boxes:			
⊠ Support □ Oppose □ Neither Support Nor Oppose			
Wish to speak (3 min. limit) Wish to speak (3 min. limit) Wish to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak			
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AGENDA ITEM NO. <u>4–6 </u>	BJECT/ADDRESS/TOPIC _	GRANDUIEN, GIZ	OCENI, C3, Pit
YOUR NAME DAW (DAY	DATE 11/19/12	
YOUR ADDRESS 7530	WESTWAND WAY	MADISON	
Please check the appropriate boxes:			
⊈ Support □	☐ Oppose	☐ Neither Support	Nor Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim.	it)	(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 quest	tions	nswer questions
At this meeting are you representing an (If you answered "no," STOP; you need not continue, address and telephone number of each of the with the with the continue of the with the continue of the with the continue of the co	complete the rest of this form. If you	answered "yes," go on to the n	□ No ext questions.)
Are you being paid for your representation? Are you appearing as part of your other paid d	luties for this person or organization	Yes	□ No
(If you answered "no" to both these questions, If you answered "yes," please continue.)	, STOP. You need not complete the	rest of this form.	- 110
Are you an elected official or employee who is for your municipality or other governmental be (If you answered "yes" to the question, STOP, that you must sign this form. If you answered "	ody? You need not complete the rest of	☐ Yes	No
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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 the City Clerk for the remaining of	n any reporting period (calendar quarters of the calendar year.	six months), the
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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC VD	COPP-COPER GVOV
YOUR NAME AUPEN	DATE DATE	11.19.12
YOUR ADDRESS 52180	evins Day M	(ac) (1)
Please check the appropriate boxes:		
Support (last, pl.)	☐ 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	complete the rest of this form. If you answere	yourself: \sqrt{\textsq} Yes \sqrt{\textsq} No not "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 d (If you answered "no" to both these questions. If you answered "yes," please continue.)	uties for this person or organization? STOP. You need not complete the rest of the	his form.
Are you an elected official or employee who is for your municipality or other governmental be (If you answered "yes" to the question, STOP that you must sign this form. If you answered	ody? . You need not complete the rest of this form	Yes No
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AGENDA ITEM NO. 3-6 SUBJECT/ADDRESS/TOPIC GYANDVICE	ew Tour	center		
YOUR NAME JILL Schaefer DATE 11.		512		
YOUR ADDRESS LOIS DOMINION Dr. Madison	53718			
Please check the appropriate boxes:				
Support Oppose See Neith	her Support	Nor Oppose		
D WELL 1 (2) THE STATE OF THE S	T-'	(3 min. limit)		
The state of the s	Oo not wish to	•		
□ A 11-1 1 - /		nswer questions		
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:				
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/\ 	BJECT/ADDRESS/TOPIC <u>Ufan</u> o	eview nezonia
YOUR NAME Orea Cleste	WIZZ DATE_	11-19-2017
YOUR ADDRESS	Fredericksburg Lune	
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. 4 SUBJECT/ADDRESS/TOPIC 6 MANCUICO COMMONS 6 rocery Store
YOUR NAME Robert Hogan DATE 11/19/12
YOUR ADDRESS 6025 Sharpshung Dr
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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AGENDA ITEM NO. 7,5,6 SU	BJECT/ADDRESS/TOPIC Gra	not lie	w Com	e wont
YOUR NAME Soan M	afaszak DATI	E 11/17	9/201	2
YOUR ADDRESS 738 Me	Lean & roll			•
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	n to speak	(3 min. limit)
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Date	Signature			

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PLAN COMMISSION REGISTRATION FORM AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC YOUR NAME DATE YOUR ADDRESS Please check the appropriate boxes: ☐ Support **Oppose** ☐ Neither Support Nor Oppose ☐ Wish to speak (3 min. limit) Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak ☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions At this meeting are you representing an organization or a person other than yourself: \(\simeg\) 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: ☐ Yes Are you being paid for your representation? 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 for your municipality or other governmental body? ☐ Yes (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.

2.

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.htm) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC 🕒 🎉 🤊	STIVIEW SE	Mant resid
YOUR NAME PRUI RE	DATE	11~19~1	d
YOUR ADDRESS 1918 A.	exandria Ln M	Adlean	
Please check the appropriate boxes:		.~	
□ Support	2 Oppose \square	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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	yourself: \square Yes d "yes," go on to the ne	□ No
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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.)	luties for this person or organization? S. STOP. You need not complete the rest of the	is form.	M 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 form	☐ Yes	□ No
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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 wi 	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of	orting period (calendar of the calendar year.	six months), the
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informati	t <u>yofmadison.com/clerk/index.html</u> or go to th ion.)	e Clerk's Office at Rooi	n 103 of the City-
Date S	ignature		

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC ()	rolliew Conmins Copps
YOUR NAME COMPY N	antgemon DATE	11-19-12
YOUR ADDRESS WOS M	Chan Dr. Madisun	W1 53718
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 answer	red "yes," go on to the next questions.)
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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.)		this form.
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	body? P. You need not complete the rest of this forn	m except Ves No
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	ize you to lobby unless the principal is regist	•
3. If your principal spends or will owe more principal must file expense statements with the statement of the sta	e than \$1,000 for lobbying services in any re ith the City Clerk for the remaining quarters	porting period (calendar six months), the of the calendar year.
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Date	Signature	·

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AGENDA ITEM NO. 2816 SUBJECT/ADDRESS/TOPIC
YOUR NAME JILL JOHNGON DATE "/19/12
YOUR ADDRESS
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: \square Yes \square 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. 4-6 SUBJECT/ADDRESS/TOPIC Granchyny/ Communs			
YOUR NAME Dan BRINKMAN-DSI RON SSFORE DATE 11-19-12			
YOUR ADDRESS 2800 Rays			
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 answere	yourself: Yes No No rd "yes," go on to the next questions.)	
Name, address and telephone number of ea			
Viendier / form 5			
Are you being paid for your representation?		☐ Yes ☐ No	
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)			
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AGENDA ITEM NO. 16 SUE	BJECT/ADDRESS/TOPIC	Grandwei	w commons	<u> </u>
YOUR NAME Max Oic	Kman	DATE	11.19-12	
YOUR ADDRESS 875 F	- Wisconsin	Aug.	Milnarke	e 53202
Please check the appropriate boxes:				•
⊠ Support □] Oppose	□ Ne	ither Support No	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	mit)	Wish to speak (3	min. limit)
☐ Do not wish to speak	☐ Do not wish to speak		Do not wish to sp	peak
Available to answer questions	☐ Available to answer que	estions 🗆	Available to answ	wer questions
At this meeting are you representing an (If you answered "no," STOP; you need not co	omplete the rest of this form. If yo	ou answered "y	es," go on to the next	□ No questions.)
Name, address and telephone number of each	h person or organization you ε	ire representin	g:	•
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	Miluarto, u	7 53	}02	
Are you being paid for your representation?			☐ Yes	No No
Are you appearing as part of your other paid du (If you answered "no" to both these questions, If you answered "yes," please continue.)	ities for this person or organization of the state of the	on? he rest of this fo	∑Yes orm.	□ No
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 "	ody? You need not complete the rest o	of this form exce	☐ Yes ept	∵ ⊠(No
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Date $1 \cdot 19 \cdot 20$ Signate	gnature M ŷ			

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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Granderias Comprons			
YOUR NAME CHRIS WIFTER DATE 11-19-12			
YOUR ADDRESS 4820 P. MAGIEWOOD DR. Appleton WI 54913			
Please check the appropriate boxes:			
Support			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak			
Available to answer questions Available to answer questions Available to answer questions			
At this meeting are you representing an organization or a person other than yourself: Yes \square No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)			
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AGENDA ITEM NO. SU	JBJECT/ADDRESS/TOPIC	and yew Con	IMONS	
YOUR NAME MICHAEL J	Schmitt DAT	TE <u>//-/9-20</u> ,	12	
YOUR ADDRESS 2/045	OAK Ridge Ct			
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	
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(Appleton; MISEONS)	N 430-739-01-01			
Are you being paid for your representation?		✓Yes	□ No	
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
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AGENDA ITEM NO. 4t5 SUBJECT/ADDRESS/TOPIC				
YOUR NAME KAREN TERONDE DATE 11-19-12				
YOUR ADDRESS 6/21 FRECLORICKS burg LANC				
Please check the appropriate boxes:				
□ Support □ Neither Support	rt Nor Oppose			
☐ 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			
	answer questions			
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Are you being paid for your representation?				
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AGENDA ITEM NO. 4 word 5 SUBJECT/ADDRESS/TOPIC Brandwest Co word up				
YOUR NAME MAN MARCH MIKE TO RONGE DATE 11/19/12 YOUR ADDRESS 6/21 Frederakebuy Lane, Maditon				
YOUR ADDRESS 6/2/	Fredershibus Lane Ma	diton		
Please check the appropriate boxes:				
☐ Support	2Oppose	□ 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		ot wish to	
☐ Available to answer questions	☐ Available to answer questions	☐ Avai	lable to an	swer 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:				□ No
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Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
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Date Signature				

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AGENDA ITEM NO. 6 SU	JBJECT/ADDRESS/TOPIC Town (enter addition to Shandwin
YOUR NAME Tara White	DATE	
YOUR ADDRESS 637 Coper	nicus Way Madison 53	718
Please check the appropriate boxes: Z	Developer las insufficiently	's addressed misance for
☐ Support		7 I 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	complete the rest of this form. If you answere	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	☐ Yes ☐ No his 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	body? P. You need not complete the rest of this form	Yes No
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#1 Save the tree	S / PLAN COMMISSION	3# Enclose HVACE
#2 Address the haffic	REGISTRATION FORM	and fash
sityation	#4 Address	George Turget Compacto
AGENDA ITEM NO. 4/5/6 SU	BJECT/ADDRESS/TOPIC	and commans
YOUR NAME // cole	Dente DAT	E_//-/9-/2
YOUR ADDRESS 617 A	lorth Star Drive	
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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REGISTRATION FORM SUBJECT/ADDRESS/TOPIC AGENDA ITEM NO. -YOUR NAME YOUR ADDRESS Le\ 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 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 for your municipality or other governmental body? ☐ Yes (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.) Date Signature

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AGENDA ITEM NO. 🔏 SU	JBJECT/ADDRESS/TOPIC	Coardvew		
YOUR NAME Scott BLA	DATE	E_1/18/12		
YOUR ADDRESS 6010	FREDERICKShing IN MADISON			
Please check the appropriate boxes:	J /			
☐ Support	□ Oppose	☐ Neither Support Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak		
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Date 11/19/12	Signature Scen a Blat	· ·		

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AGENDA ITEM NQ. 6 SU	JBJECT/ADDRESS/TOPIC	induren Commeny
	Mark DATE	11/19/12
YOUR ADDRESS 6000 Fredoucksburg LN Madwon Cel		
Please check the appropriate boxes:		
□ Support	Oppose 🗆	Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak
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