

5
**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 54407 SUBJECT/ADDRESS/TOPIC 10202 Old SAUK Rd - conditional use
YOUR NAME Barbara Peterson DATE 4/8/19
YOUR ADDRESS 9715 Sandhill Rd, Middleton WI 53562

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input 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 |
| <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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Date 4/8/19 Signature Barbara Peterson

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

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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.
2. Public Hearing items may be called at any time after the beginning of the public hearing. The Plan Commission uses a consent agenda, which means that the Commission can consider any item at 6:00 p.m. where there are no registrants wishing to speak in opposition regardless of its placement on the agenda.
3. The most effective statements are brief, well organized, and avoid repetition. If you agree with the statement of a prior speaker, please so indicate rather than repeating those statements.
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**PLAN COMMISSION
REGISTRATION FORM**

5

AGENDA ITEM NO. 54407 SUBJECT/ADDRESS/TOPIC 10202 Old Sauk Rd. Conditions Use
 YOUR NAME VERNON D. LEIBBRANDT DATE 04-08-2019
 YOUR ADDRESS 1014 BLUE ASTER TRL (Middleton) - W/ City of Madison

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input 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 |
| <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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 If you answered "yes," please continue.) Yes No

Are you an elected official or employee who is appearing solely on behalf of your office or
 for your municipality or other governmental body?
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5
**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 54407 SUBJECT/ADDRESS/TOPIC Conditional Use 10202 Old Sauk
YOUR NAME Michael Shearer DATE 8 Apr 19
YOUR ADDRESS 1010 Blue Aster Trail

Please check the appropriate boxes:

- | | | |
|--|---|--|
| <input type="checkbox"/> Support | <input checked="" 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 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 checked="" 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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Date 8 Apr 19 Signature 

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PLAN COMMISSION REGISTRATION FORM

5.

AGENDA ITEM NO. 54407 SUBJECT/ADDRESS/TOPIC Elem School property

YOUR NAME Jeanne Shearer DATE 4-8-19

YOUR ADDRESS 1010 Blue Aster Trail 53542

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input checked="" type="checkbox"/> Oppose - lighting grading height | <input checked="" 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 type="checkbox"/> Do not wish to speak | <input checked="" type="checkbox"/> Do not wish to speak | <input checked="" 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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Name, address and telephone number of each person or organization you are representing:

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Date _____ Signature Jeanne Shearer

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 5 SUBJECT/ADDRESS/TOPIC 10202 OLD SAUK ROAD

YOUR NAME ROBIN SAVOLA DATE 04/08/19

YOUR ADDRESS 333 E CHICAGO ST MILWAUKEE WI 53202

Please check the appropriate boxes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input checked="" 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 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 checked="" 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: 608-829-9000
MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT, 7106 SOUTH AVE, MIDDLETON WI 53562
EPPSTEIN UHEN ARCHITECTS, 333 E CHICAGO ST MILWAUKEE WI 53202 414-291-8193

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.) Yes No

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Date 04/08/19 Signature 

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 5 SUBJECT/ADDRESS/TOPIC 10202 OLD SAUK ROAD
YOUR NAME SARAH CHURCH - VIERBACHER DATE 4/8/2019
YOUR ADDRESS 999 FOURIER DR SUITE 201

Please check the appropriate boxes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input checked="" 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 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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MIDDLETON-CROSS PLAINS SCHOOL DISTRICT

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Date 4/8/2019 Signature Sarah V. Church

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