

Date: 1-20-09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>3</u> ID# <u>12300</u>
---

Name Geo F Foster

Address 8247 Starr Grass Dr.  
Madison, WI 53719

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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  
 (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)

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

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

Speaking Limits: Public Hearing (Common Council)..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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CITY OF MADISON

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COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. <u>3</u> ID# <u>12300</u>
---

Name KARL RICE  
 Address W.C. DEVELOPMENT  
8133 MANSON HILL

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- 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  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

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

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(SEE BACK)

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Signature \_\_\_\_\_

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Date: 1/20/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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Agenda No. 3  
ID# 12300

PLEASE PRINT NAME CLEARLY

Name Bill White

Address 2708 Lakeland Ave

Madison

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

- Wish to speak
- 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  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Lot 87 LLC

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing (Common Council)	..... 5 minutes
Information Hearing	..... 3 minutes
Other Items	..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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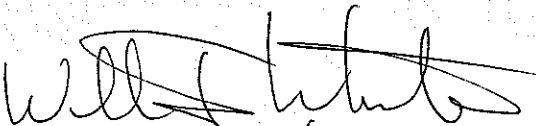
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Date 1/20/09

Signature



Print Name

Wm F White

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. <u>3</u> ID# 12300
----------------------------------

Name PETER FRANKLIN

Address 289 DEWEY CT  
MIDDLETON, WI 53562

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- 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  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

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

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 Information Hearing ..... 3 minutes  
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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 1/20/09

CITY OF MADISON

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COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 3  
ID# 12300

Name Nathan Plumb  
Address 8251 Starr Grass Dr.  
Madison WI 53719

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

- Wish to speak
- 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  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council  
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Agenda No. <u>3</u> ID# <u>12300</u>
---

PLEASE PRINT NAME CLEARLY

Name PHILIP CARLOW  
 Address 503 AUGUSTA DR  
WALWAKE, WI 53597

Please check the appropriate box:

- Support  
 Oppose  
 Neither Support Nor Oppose

**AND**

Please check the appropriate box:

2 registrants in  
 support not wishing to speak  
 ] No  
 vide the name

At this meeting are you representing an organization or a  
(If you answered "no," STOP; you need not complete the  
of who you represent and go on to the next question.)

Name, address and telephone number of each person or c

PRAIRIE LIFE COUNSELING C  
 \_\_\_\_\_  
 \_\_\_\_\_

2 registrants in opposition  
 not wishing to speak

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Yes  No

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
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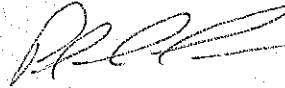
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Date \_\_\_\_\_

Signature



Print Name

Phillip Carlson

Date: 1-20-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 3  
ID # 12300

Name Richard Arnesen  
Address 114 Nautilus Dr  
Madison, WI 53705

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- 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  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Lot 87, LLC  
WC Development Corp.

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," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date 1-20-09

Signature   
Print Name Richard Arnesen

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>3</u>
ID# <u>12300</u>

Name Kevin Burke

Address 7849 Wood Reed Dr  
Madison WI 53719

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- 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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Name, address and telephone number of each person or organization you are representing:

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Agenda No. <u>3</u>
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Name Kathleen Sukhman  
 Address 789 Wood Road Dr  
Madison WI 53719

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose**
- Neither Support Nor Oppose

AND

- Wish to speak
- Do not wish to speak
- Available to answer questions

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Signature \_\_\_\_\_

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