

## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. #2 SUBJECT/ADDRESS/TOPIC Edgewood Repeat  
 YOUR NAME Mike Ellioth DATE \_\_\_\_\_  
 YOUR ADDRESS 2615 Smoky trail Madison 53711

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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  
*(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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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

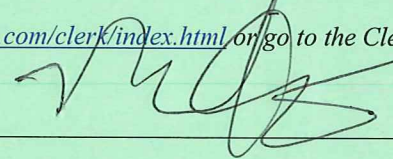
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)*

Yes  No

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Date 12/6/11 Signature 

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

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PLAN COMMISSION  
REGISTRATION FORM

#2

AGENDA ITEM NO. 56837 SUBJECT/ADDRESS/TOPIC Repealing Edgewood Master Pla  
YOUR NAME James Imhoff DATE 12/9/19  
YOUR ADDRESS 7621 Tiger Lily Ct, Verona 53593

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 |

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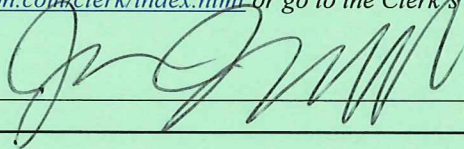
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Date 12/9/19 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Repeal Edgewood MASTER Plan  
 YOUR NAME Margaret Watson DATE 12/9/19  
 YOUR ADDRESS 10743 Rolling Oaks

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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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Date 12/9/19 Signature Margaret Watson

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC EDGEWOOD MASTER PLAN - 50839  
 YOUR NAME MARC GARTLER DATE 12/9/19  
 YOUR ADDRESS 820 WOODROW ST. MADISON, WI 53711

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

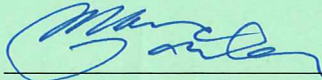
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 (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
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Date 12/9/19 Signature 

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Repealing Edgewood Campus Master Plan  
YOUR NAME CATHERINE JAGOE DATE 12/09/2019  
YOUR ADDRESS 2318 W. LAWN AVE, MADISON WI 53711

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 type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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Date 12/09/2019 Signature Catherine Jagoe

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**PLAN COMMISSION  
REGISTRATION FORM**

#2

AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan  
YOUR NAME Robert Mayer DATE 12/9/2019  
YOUR ADDRESS 812 Woodrow Street, Madison WI 53711

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                   | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 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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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC MP REPEAL  
YOUR NAME Yael Gen DATE 12/9/2019  
YOUR ADDRESS 860 WOODROW ST

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          |
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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Edgewood Exit Master Plan  
 YOUR NAME Gretchen Twietmeyer DATE 12-9-19  
 YOUR ADDRESS 2260 West Lawn Madison 53711

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          |
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### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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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.  
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PLAN COMMISSION  
REGISTRATION FORM

#0056839

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Repeal of Edgewood Master Plan  
YOUR NAME Shawn Schey DATE Dec 9 2019  
YOUR ADDRESS 979 Woodrow St, 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 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 |

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?  
(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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  
(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.)  Yes  No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Edgewood MP repeal 56839  
YOUR NAME Dianne Jenkins DATE 12/9/19  
YOUR ADDRESS 1802 Monroe St

Please check the appropriate boxes:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 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     |

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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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC EHS MP Repeal  
 YOUR NAME Pat Alea DATE 12/9/2019  
 YOUR ADDRESS 708 Leonard

Please check the appropriate boxes:

<input type="checkbox"/> <b>Support</b>	<input type="checkbox"/> <b>Oppose</b>	<input type="checkbox"/> <b>Neither Support Nor Oppose</b>
<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 checked="" 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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Name, address and telephone number of each person or organization you are representing:  
 \_\_\_\_\_  
 \_\_\_\_\_

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Date 12/9/2019 Signature Patricia V. Alea

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan  
YOUR NAME Josh Goffe DATE 12/9/20  
YOUR ADDRESS 2356 West Linn Ave Madison WI 53711

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>        | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 type="checkbox"/> Do not wish to speak              |
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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC EDBWOOD EXIT  
YOUR NAME BRADLEY BOYCE DATE 9 DEC 19  
YOUR ADDRESS 938 WOODROW ST, MADISON 53711

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 checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak          |
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**PLAN COMMISSION  
REGISTRATION FORM**

#2

AGENDA ITEM NO. 56839 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan  
YOUR NAME Teresa Nyholt DATE 12/9/19  
YOUR ADDRESS 812 Woodrow St. Madison, WI 53711

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          |
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#2

56839

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME LYNN BJORKMAN DATE 9 Dec

YOUR ADDRESS 1910 W. LAWN

Please check the appropriate boxes: 53711

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                   | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 type="checkbox"/> Do not wish to speak              |
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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Repealing Campus Master Plan  
YOUR NAME Kathryn Lederhause DATE 12/9/2019  
YOUR ADDRESS 3106 Gregory St

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>        | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 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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Date \_\_\_\_\_ Signature \_\_\_\_\_

**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.
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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Repealing Campus Master Plan  
 YOUR NAME Daryl Sherman DATE 12.9.2019  
 YOUR ADDRESS 3106 Gregory St

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>        | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 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?  
*(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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  
*(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.)*  Yes  No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan  
YOUR NAME Jon Standridge DATE 12/9/19  
YOUR ADDRESS 1011 Edgewood Ave

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>      | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 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:

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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?  
(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

Are you an elected official or employee who is appearing solely on behalf of your office or  
for your municipality or other governmental body?  
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form except  
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Date 12/9/19 Signature Jon Standridge

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan  
YOUR NAME Nancy Standridge DATE 12-9-19  
YOUR ADDRESS 1018 Edgewood Ave

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 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?  
(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

Are you an elected official or employee who is appearing solely on behalf of your office or  
for your municipality or other governmental body?  
(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.)  Yes  No

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Date 12-9-19 Signature Nancy Standridge

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

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC 56839  
YOUR NAME Marie Trest DATE 10-9-2019  
YOUR ADDRESS 2310 Monroe St

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>  | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 <i>regarding games</i> | <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  
(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.)

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Repealing Edgewood Campus Master Plan  
 YOUR NAME EDWIN SIBERT DATE 12/09/2019  
 YOUR ADDRESS 2318 W. LAWN AVE, MADISON WI 53711

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 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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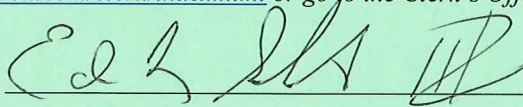
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*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*  Yes  No

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  
*(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.)*  Yes  No

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Date 12/09/2019 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Repeal 36889  
 YOUR NAME Patricia Friday DATE Dec 9, 2019  
 YOUR ADDRESS 1050 Woodrow St Madison 53711

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>     | <input type="checkbox"/> <b>Oppose</b>                   | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 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.)*

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*(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.)*

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Date Dec 9, 2019 Signature Patricia Friday

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