

## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1 Ordinance

YOUR NAME Scott Watson DATE 8-20-19

YOUR ADDRESS 6743 Rolling Oaks Verona 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:

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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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Date 8-20-19 Signature Scott Watson

### 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. 10 SUBJECT/ADDRESS/TOPIC CI ordinance  
 YOUR NAME Margaret Watson DATE 8-26-19  
 YOUR ADDRESS 6743 Rolling OAKS Verona WI

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          |
| <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 appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date 8/26/19 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1 ORDINANCE  
 YOUR NAME NORMAN BONACC DATE 8-26-19  
 YOUR ADDRESS 5435 QUIET STONE DR FITCHBURG

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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Yes

No

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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

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 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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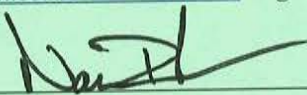
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Date

8-26-19

Signature



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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1 ordinance  
 YOUR NAME JIM HARTLIEB DATE 8-24-19  
 YOUR ADDRESS 29 Autumnwood Circle, Madison 53719

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

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 If you answered "yes," please continue.)

Yes  No

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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.)

Yes  No

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Date 8/24/19

Signature J Hartlieb

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1 Ordinance  
 YOUR NAME Jenny Sheahan DATE 8/26/19  
 YOUR ADDRESS 1506 Red Tail Dr Verona, WI 53593

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?  
 (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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Yes

No

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Date 8/26/19 Signature Jenny Sheahan

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Cl Ordinance  
 YOUR NAME Curtis Sheahan DATE 8/26/19  
 YOUR ADDRESS 506 Red Tail Dr. Verona, WI 53593

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

---

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Date 8/26/19 Signature Curtis Sheahan

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Jordan  
 YOUR NAME Alicia Boehme DATE 8/26/2019  
 YOUR ADDRESS 2993 Rothmore Lane Fitchburg 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          |
| <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. 10 SUBJECT/ADDRESS/TOPIC CR Ordinance  
YOUR NAME Sarah Groessl DATE 8/26/19  
YOUR ADDRESS 27 Bayside Dr Madison, WI 53704

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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Yes

No

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Yes

No

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Yes

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1

YOUR NAME MIKE CARY DATE 8-26-19

YOUR ADDRESS 921 HIDDEN CAVE

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 8-26-19

Signature [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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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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME PETE JOHNSON DATE 8/26/19

YOUR ADDRESS 741 SENECA PI, MADISON WI 53711

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

(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:

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Date 8/28/19

Signature 

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME James Pankratz DATE 8/26/19

YOUR ADDRESS 6209 Strathmore Ln

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  
(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?  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 8/26/19 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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Edgewood  
 YOUR NAME Rebecca May DATE 8-26-19  
 YOUR ADDRESS 890 Woodrow St.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" 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 8-26-19 Signature Rebecca May

### 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. 10 SUBJECT/ADDRESS/TOPIC C1 Ordinance

YOUR NAME Laura Powless DATE 8/26/19

YOUR ADDRESS 2913 Wimbledon Way, Madison WI 53713

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?  
(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 \_\_\_\_\_

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Heidi Stigsen DATE 8/26/19

YOUR ADDRESS 2984 Sahara Circle Madison 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              |
| <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?  
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Date 8/26/19 Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME JASON KOZMA DATE 8.26.19

YOUR ADDRESS 3035 Roscommon Ter Fitchburg 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:

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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Date 8.26.19 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Amendment to Campus Inst Zoning  
 YOUR NAME JIM GILMORE DATE 8/26/19  
 YOUR ADDRESS 3929 SW O BODA VERONA, WI 53593

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          |
| <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?  Yes  No  
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Date 8/26/19 Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC ZONING Amendment  
 YOUR NAME Scott Grabins DATE 8/26/19  
 YOUR ADDRESS 3016 Hidden View Trl VERONA

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          |
| <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

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Date 8/26/19 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC EDGE WOOD  
 YOUR NAME Raymond Robey DATE 8/26/19  
 YOUR ADDRESS 2355 WEST LAWN AVENUE

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?  
 (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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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Date 8/26/19 Signature Raymond J Robey

### 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. 10 SUBJECT/ADDRESS/TOPIC Ordinance  
 YOUR NAME Bill Orest DATE 8/26/19  
 YOUR ADDRESS 807 Dellwood Cir. Monona

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 checked="" 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.)*

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 8/26/19 Signature [Handwritten 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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CAMPUS ZONING CODE  
 YOUR NAME Jadason POWLESS DATE 8/26/19  
 YOUR ADDRESS 2913 WIMBLEDON WAY MADISON WI 53713

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          |
| <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. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Sharon Brolin DATE 8/26/19

YOUR ADDRESS 2502 Oregon St 53711

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 8/26/19

Signature Sharon Brolin

## 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. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME CHRIS ZWETTLER DATE 8-26-19

YOUR ADDRESS 2798 Lyman La 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     |

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:  
EDGEWOOD H.S.  
2219 Monroe St 53711

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 8-26-19 Signature Chris Zwettler

### 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. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Bob Angiel DATE 8/26/19

YOUR ADDRESS 2984 Sahara Circle M/JN WF 5376

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

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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 8/26/19

Signature 

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Amending Zoning  
YOUR NAME BARB MERIGGIOLI DATE 8/26/19  
YOUR ADDRESS 5545 Surrey LANE, Wausaukee

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 checked="" 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.)

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 8/26/19 Signature Barb Meriggoli

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

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20

## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Zoning amendment  
YOUR NAME Bernadette Zwettler DATE 8-26-19  
YOUR ADDRESS 2798 Lyman Ln 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              |
| <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 8/26/19 Signature Bernadette J Zwettler

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC proposed amendment  
YOUR NAME Maggie Sanders DATE 8/26/19  
YOUR ADDRESS 7002 Luttenberg BLVD. Cross Plains, WI

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?  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 8/26/19 Signature Margaret Sanders

**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. 10 SUBJECT/ADDRESS/TOPIC Proposed amendment  
 YOUR NAME Lori Goss DATE 08/23/2019  
 YOUR ADDRESS 209 State St 53531

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:

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---

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Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date 08/26/2019 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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_  
 YOUR NAME Mikell L. Grahff DATE 8/26/19  
 YOUR ADDRESS 2 Quail Ridge Dr Madison WI 53717

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     |

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

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 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  
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Date \_\_\_\_\_ Signature Mikell L. Grahff

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Cl Ordinance  
YOUR NAME Laura Petersen DATE \_\_\_\_\_  
YOUR ADDRESS 429 Gammon Pl. Madison WI 53719

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          |
| <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 8-26-19 Signature Laura Petersen

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI Ordinance  
YOUR NAME Diane Ballweg DATE 8/26/19  
YOUR ADDRESS 350 S. Hamilton 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 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.)

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 8/26/19 Signature Diane Kay Ballweg

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI ordinance  
 YOUR NAME Steve Kintz DATE 8/26/19  
 YOUR ADDRESS 1715 Adams St Madison 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     |

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

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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 8/26/19 Signature [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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Campus Institutional Zoning  
 YOUR NAME George E. Mackenzil DATE 8/26/19  
 YOUR ADDRESS 59 Cherokee Circle Madison WI 53704

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          |
| <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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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

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Date 8/26/19 Signature 

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# PLAN COMMISSION REGISTRATION FORM

C.I ZONING

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Proposed Amendment # 28.097  
YOUR NAME Stuart Herro DATE 8/26/19  
YOUR ADDRESS 2020 Vilas 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 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:

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If you answered "yes," please continue.)

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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  
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Date 8/26/19

Signature Stuart Herro

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1 Ordinance

YOUR NAME Gandy Cary DATE 8/26/19

YOUR ADDRESS 4817 Holiday 537W 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

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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.
3. 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.

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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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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. #10 SUBJECT/ADDRESS/TOPIC CAMPUS INSTITUTION ZONING  
YOUR NAME GREG SWEENEY DATE 8-26-2019  
YOUR ADDRESS 1820 MASTERS LN MADISON 53719

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          |
| <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  
(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 \_\_\_\_\_

## 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. 10 SUBJECT/ADDRESS/TOPIC CI Ordinance  
YOUR NAME James S. VanGemert DATE 8/26/19  
YOUR ADDRESS 3702 Council Crest

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          |
| <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  
(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 8/26/19 Signature James S. VanGemert

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI ORDINANCE  
YOUR NAME KARIE KRANTZ DATE 8/26/19  
YOUR ADDRESS 1715 ADAMS 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 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 8/26/19 Signature [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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI ordinance  
 YOUR NAME Kathryn Beyer DATE 8/26  
 YOUR ADDRESS 708 Tamarack Way, Verona

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          |
| <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 8/26 Signature Kathryn Beyer

### 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. 10 SUBJECT/ADDRESS/TOPIC CI Ordinance  
 YOUR NAME Anne Rodriguez DATE 8/26/19  
 YOUR ADDRESS 211 Lathrop St 53726

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          |
| <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 8/26/19 Signature Anne Rodriguez

### 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**

10

AGENDA ITEM NO. 56981 SUBJECT/ADDRESS/TOPIC Do not allow stadium/no amendment  
YOUR NAME Eileen H Thompson DATE 8/26/19  
YOUR ADDRESS 311 Campbell St

Please check the appropriate boxes:

Support

Oppose Not allow Stadium

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

(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 8/26/19

Signature Eileen H Thompson

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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# LAN COMMISSION GISTRATION FORM

AGENDA ITEM NO. 5 SUE/ADDRESS/TOPIC C1 Ordinan CP  
 YOUR NAME Troy Schotzer DATE 8/26/19  
 YOUR ADDRESS 4118 mes st

Please check the appropriate boxes:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Support</b><br><input type="checkbox"/> Wish to speak (3 min. limit)<br><input type="checkbox"/> Do not wish to speak<br><input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> <b>Oppose</b><br><input type="checkbox"/> Wish to speak (3 min. limit)<br><input checked="" type="checkbox"/> Do not wish to speak<br><input type="checkbox"/> Available to answer questions | <input type="checkbox"/> <b>Neither Support Nor Oppose</b><br><input type="checkbox"/> Wish to speak (3 min. limit)<br><input type="checkbox"/> Do not wish to speak<br><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 8/26/19 Signature Troy Schotzer

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI Ord.

YOUR NAME Hugh Wabers DATE 26 Aug 2019

YOUR ADDRESS 4625 Gregg Road

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          |
| <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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(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
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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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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Date 26 Aug 2019 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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CL ORD.  
 YOUR NAME PAUL M. CURTIS DATE 8/26/19  
 YOUR ADDRESS 1611 MANHATTAN # 414

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?  
*(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?  
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Yes  No

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

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## PLAN COMMISSION REGISTRATION FORM

*of Zoning Clerk*

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Amendment of section 20.097

YOUR NAME ALIDA EVANS DATE 8/26/19

YOUR ADDRESS 2313 West Lawn Ave, Madison, WI 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?  
*(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 8/26/19 Signature *Alida Evans*

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CT ordinance  
 YOUR NAME Victor Rodriguez DATE 8/26/19  
 YOUR ADDRESS 211 Lathrop St. Madison WI 53726

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:

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Are you being paid for your representation?  Yes  No

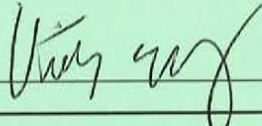
Are you appearing as part of your other paid duties for this person or organization?  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*  Yes  No

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 8/26/19 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CJ Ordinance  
 YOUR NAME MARK LANDGRAF DATE 8/26/19  
 YOUR ADDRESS 2130 WEST LAWN AVE 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 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:

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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

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Date 8/26/19 Signature 

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**PLAN COMMISSION  
REGISTRATION FORM**

C-1 Ordinance

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Campus - Institutional zoning  
YOUR NAME Susan Landgraf DATE 08/26/2019  
YOUR ADDRESS 2130 West Lawn Ave 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          |
| <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?  
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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.)*  Yes  No

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Date 08/26/2019 Signature Susan Landgraf

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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Campus Institutional Zoning  
 YOUR NAME Theresa Fulton DATE 8-26-19  
 YOUR ADDRESS 2981 Cassidy Ct Fitchburg 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              |
| <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

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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

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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.)*  Yes  No

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

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**PLAN COMMISSION  
REGISTRATION FORM**

10

AGENDA ITEM NO. 56981 SUBJECT/ADDRESS/TOPIC No Stadium/No Amendment

YOUR NAME J Craig Thompson DATE 8-26-19

YOUR ADDRESS 311 Campbell St Madison

Please check the appropriate boxes:

Support

Oppose No Stadium

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

(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 8-26-19 Signature Craig Thompson

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CZ ORDINANCE  
 YOUR NAME Patrick Kelly DATE 8/26/19  
 YOUR ADDRESS 3938 Sumac Cr. Middleton WI 53562

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          |
| <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

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Yes  No

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.
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*(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://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 8/20/19 Signature Patrick Kelly

### 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. #10 SUBJECT/ADDRESS/TOPIC CI-D  
 YOUR NAME Eliza Zwitter DATE 8/26/19  
 YOUR ADDRESS 2685 N. Park Ln 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 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.)

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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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Date 8/26/19 Signature Eliza Zwitter

### 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. 10 SUBJECT/ADDRESS/TOPIC CI ORDINANCE  
YOUR NAME D Michael Johnson DATE 8/26/19  
YOUR ADDRESS 9513 Wild Prairie Trl Verona, WI 53593

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          |
| <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

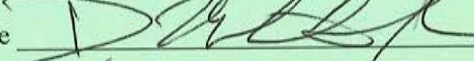
Are you an elected official or employee who is appearing solely on behalf of your office or  
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Yes  No

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Zoning plan change  
 YOUR NAME David Stein DATE 8.26.19  
 YOUR ADDRESS 6218 S. Highlands Avenue

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:

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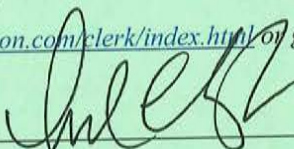
Are you appearing as part of your other paid duties for this person or organization?  
 (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
 If you answered "yes," please continue.)  Yes  No

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 8.26.19 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI ORDINANCE  
 YOUR NAME Bryce Telms DATE 8/24/19  
 YOUR ADDRESS 210 LANGDON ST. MADISON, WI 53703

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?  
 (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  
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Yes

No

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Date 8/24/19

Signature Bryce Telms

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PLAN COMMISSION  
REGISTRATION FORM

0808

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CE ORDINANCE

YOUR NAME CHARLES LESKE DATE 8/26/2009

YOUR ADDRESS 2958 Grandview Circle San Prairie, WI 53590

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          |
| <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.)

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Yes  No

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Yes  No

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Date 8/26/2009 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1 Ordinance  
 YOUR NAME Tom Merfeld DATE 8/26/2019  
 YOUR ADDRESS 3088 Edenberry St Fitchburg, 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              |
| <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

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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.)*  Yes  No

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Date 8/26/2019 Signature Thomas J. Merfeld

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CT ordinance  
 YOUR NAME Coney Sielaff DATE 8/26/19  
 YOUR ADDRESS 211 S. Whitney Way, 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 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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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

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Date 8/26/19 Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1 ZONING

YOUR NAME JOHN HAUSER DATE 8.16.19

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:  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

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Yes

No

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Date 8.16.19

Signature [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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI Zoning

YOUR NAME Jennifer Kushner DATE 8/26/19

YOUR ADDRESS 865 Terry Place

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?  
(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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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Date 8/26/19 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Edgewood HS zoning  
 YOUR NAME Rachael Zwertler DATE 08/26/2019  
 YOUR ADDRESS 4625 Gregg Rd. Madison, WI 53705

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          |
| <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 08/26/2019 Signature Rachael Zwertler

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PLAN COMMISSION  
REGISTRATION FORM

Proposed Zoning Amendment

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Mark Lucarell DATE 8/26/19

YOUR ADDRESS 5781 Verde View 53711

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" 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 checked="" 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 8/26/19 Signature Mark Lucarell

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 28.097

YOUR NAME Gerardo Jimenez DATE Aug 26, 2018

YOUR ADDRESS 2820 Sylvan Ave Madison, WI 53705

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?  
(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  
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(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form except  
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Yes

No

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

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC ~~#10~~ CAMPUS ZONING  
 YOUR NAME JACK ZWETTER DATE 8/26/19  
 YOUR ADDRESS 7538 MID TOWN RD #204 MADISON, WI 53719

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          |
| <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:

EDGEWOOD HIGH SCHOOL 608 257 1023

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 8/26/2019 Signature Jack Zwetter

### 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. 10 SUBJECT/ADDRESS/TOPIC Campus Institutional Zoning  
 YOUR NAME Danielle DeSerano DATE 8-26-19  
 YOUR ADDRESS 1101 Chandler St., Madison 53715

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          |
| <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:

Edgewood High School

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?  
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Date 8-26-19 Signature Danielle DeSerano

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CORRECTED

# PLAN COMMISSION REGISTRATION FORM

Form !!

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC ZONING  
 YOUR NAME ROBIN LEWIS DATE 8-26-19  
 YOUR ADDRESS 1223 SCENIC RIDGE DR, VERONA, 53593

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          |
| <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:  
EDGEWOOD H.S., MARINETTE ST., MADISON, WI

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?  
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Date 8-26-19 Signature Robin Lewis

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PLAN COMMISSION  
REGISTRATION FORM

Agenda #10  
corrected

AGENDA ITEM NO. #10 SUBJECT/ADDRESS/TOPIC Zoning  
YOUR NAME Annette Cruz DATE 8/26/2019  
YOUR ADDRESS 5713 Dartmouth Drive 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 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  
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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?  Yes  No

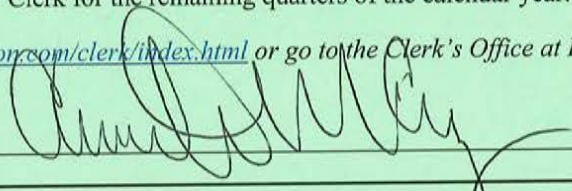
Are you appearing as part of your other paid duties for this person or organization?  
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
If you answered "yes," please continue.)  Yes  No

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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 8/26/2019 Signature 

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Collected

PLAN COMMISSION  
REGISTRATION FORM

Agenda - #10

AGENDA ITEM NO. #10 SUBJECT/ADDRESS/TOPIC Zoning  
YOUR NAME Ally Cruz DATE 8/26/2019  
YOUR ADDRESS 5713 Dartmoor Drive, 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 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.)

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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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Date 8/26/2019 Signature Ally Cruz

**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. 10 SUBJECT/ADDRESS/TOPIC Edgewood HS

YOUR NAME Sesse Norms DATE \_\_\_\_\_

YOUR ADDRESS 2 Wabensan St. Madison WI

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     |

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 8/26/2019 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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Campus-Institutional Zoning District  
YOUR NAME Benjamin Strickland DATE 8-26-19  
YOUR ADDRESS 445 Woodside Terrace Madison, WI 53711

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:

Edgewood H.S. & City of Madison Taxpayer

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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Yes

No

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Date 8-26-19

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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CAMPUS INSTITUTIONAL ZONING  
YOUR NAME RYAN KAROW DATE 8/26/2019  
YOUR ADDRESS 6926 E PASS UNITS 210 MADISON, WI 53719

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          |
| <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:

EDGEWOOD HIGH SCHOOL

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 8/26/2019 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 2nd Substitute  
 YOUR NAME Margaret Korb DATE 8/26/19  
 YOUR ADDRESS 470 N Paterson Madison

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

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 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 8/26/19 Signature Margaret Korb

### 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. 10 ; SUBJECT/ADDRESS/TOPIC 5981 2nd Substitute  
 YOUR NAME Jennifer Korb DATE 8-26-19  
 YOUR ADDRESS 440 N Peterson

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          |
| <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

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 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 8/26/19 Signature [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

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 2nd Substitute  
 YOUR NAME Marlene Forb DATE 8/26-19  
 YOUR ADDRESS 505 N Carroll St Madison

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 8/26/19 Signature Marlene Forb

### 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. 10 SUBJECT/ADDRESS/TOPIC 2nd Substitute  
 YOUR NAME Judy Modjeska DATE 8/26/19  
 YOUR ADDRESS 2187 Starker Ave Madison 53714

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 8/26/19 Signature Judy Modjeska

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Zoning Code  
YOUR NAME Melissa Klepston DATE 26 Aug 2019  
YOUR ADDRESS 5866 Timber Ridge Trail Fitchburg, 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 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?  
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Date 8/26/2019 Signature Melissa Klepston

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Patrick Klipshne DATE 26 AUG 2019

YOUR ADDRESS 5866 Timber Ridge Trail, Fithburg, 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 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 26 AUG 2019 Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Dennis David Sawyer DATE 8-26-19

YOUR ADDRESS 624 W. Shore Dr. Madison, WI

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" 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 checked="" 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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\_\_\_\_\_  
\_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI Zoning  
 YOUR NAME Casey Trudgeon DATE 9/26/19  
 YOUR ADDRESS 5862 Tree Line Dr., Fitzhugh, 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. 10 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME LeAnna Wall DATE 8/26

YOUR ADDRESS 777 Lakewood Blvd, Madison, WI 53704

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          |
| <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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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Edgewood HS  
 YOUR NAME John McKinley DATE 8-26-19  
 YOUR ADDRESS 509 Charles Lane 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)  |
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Date \_\_\_\_\_ Signature \_\_\_\_\_

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10-~~11~~ SUBJECT/ADDRESS/TOPIC Edgewood HS  
YOUR NAME Andrew Trampf DATE 8/26/14  
YOUR ADDRESS 2327 Dyces way

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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Yes

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No

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No

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC C1 Ordinance  
 YOUR NAME Jennifer Klestinac DATE 8-26-19  
 YOUR ADDRESS 7755 Pamela Cw.

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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\_\_\_\_\_

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No

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Yes

No

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Yes

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Date 8-26-19 Signature Jennifer Klestinac

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CF Ordinance <sup>approx</sup>  
 YOUR NAME Carolyn Wasacz DATE 8/26/19  
 YOUR ADDRESS 8438 Swan Rd Mt. Horeb, WI 53572

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?  
 (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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.
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Date 8/26/19

Signature Carolyn Wasacz

### 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. 10 SUBJECT/ADDRESS/TOPIC CI Ordinance  
 YOUR NAME Wayne Koenig DATE 8/26/19  
 YOUR ADDRESS 41 Newbury Circle, 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 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 8/26/19 Signature Wayne Koenig

### 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. 10 SUBJECT/ADDRESS/TOPIC Edgewood  
YOUR NAME Amy Greenhalgh DATE Aug 26, 2019  
YOUR ADDRESS 1617 Chatham Terr

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 Aug 26, 2019

Signature

Amy Greenhalgh

## 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. 10 SUBJECT/ADDRESS/TOPIC F.H.S. ZONING

YOUR NAME EUGENE YELSON-SHIRING DATE 8/26/19

YOUR ADDRESS 2222 HILLINGTON GREEN MADISON, 53726

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 8/26/19 Signature Eugene Yelson-Shiring

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Edgewood  
 YOUR NAME Thomas Yager DATE 8-26-18  
 YOUR ADDRESS 5836 Woods Edge Rd. Fitchburg 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              |
| <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?  Yes  No  
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Date \_\_\_\_\_ Signature \_\_\_\_\_

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 2nd Substitute  
 YOUR NAME Brian Hilson DATE 8/26/19  
 YOUR ADDRESS 425 Jubilee Lane 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 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  
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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

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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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Are you an elected official or employee who is appearing solely on behalf of your office or  
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Date 8/26/19 Signature Brian Hilson

### 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. 10 SUBJECT/ADDRESS/TOPIC 2nd Substitute 56981  
 YOUR NAME Kate Modjesky Hillson DATE 8/26/19  
 YOUR ADDRESS 425 Jubilee 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 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 8/26/19 Signature Kate Modjesky Hillson

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 56981 2nd Subdistrict  
YOUR NAME Sophia Korb DATE 8/26/19  
YOUR ADDRESS 626 Langdon St. #305

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          |
| <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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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 8/26/19 Signature Sophia Korb

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

56981

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 2nd Substitute  
 YOUR NAME Gerald Modjeska DATE 8/26/17  
 YOUR ADDRESS 4817 Starke Ave. Madison, 53716

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          |
| <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?  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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.
3. 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](http://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 8/26/17 Signature Gerald Modjeska

### 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.
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.
4. The Commission is appointed to represent not only those present at the hearing but all citizens. The Plan Commission is advisory to the Common Council on rezoning and subdivision plat matters. On conditional use permits and demolition permits, the Commission makes the final decision after holding a public hearing to consider all facts applicable to the application.



**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 2nd substitute 56981  
 YOUR NAME Jim Korb DATE 8-26-19  
 YOUR ADDRESS 505 W Carroll St Madison 53703

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          |
| <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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 (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 8/26/19 Signature [Signature]

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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