

21 ~~19~~ Speakers Total

SPEAK ORDER (1)

PLAN COMMISSION (FOR APPLICANT) REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC NOB HILL APARTMENTS

YOUR NAME JONATHAN BRINKLEY DATE 10-1-12

YOUR ADDRESS 100 CAMELOT DRIVE, FOND DU LAC, WI

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

Name, address and telephone number of each person or organization you are representing:
NOB HILL APARTMENTS, LLC 710 N. PUNKINTON AVE., MILWAUKEE, 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?
(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.

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

Date 10-1-12 Signature [Handwritten Signature]

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 (FOR APPLICANT)
REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC NOB HILL APTS

YOUR NAME KIM FORD DATE 10/1/12

YOUR ADDRESS 710 N. PLANKINTON, MILWAUKEE, WI

Please check the appropriate boxes:

- Support, Oppose, 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? 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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SPEAK ORDER (3)

PLAN COMMISSION (FOR APPLICANT) REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 1108 Moorland Rd (Wab Hill)

YOUR NAME Terrell Walter DATE 10/1/12

YOUR ADDRESS 710 N Plankinton Ave, Milwaukee, WI 53203

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input checked="" 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

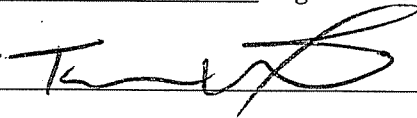
Are you appearing as part of your other paid duties for this person or organization?
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.) Yes No

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 10/1/12 Signature 

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

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SPEAK ORDER (4)

PLAN COMMISSION (FOR APPLICANT) REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Nob Hill Apartments

YOUR NAME Dwayne Pohl DATE 10/1/12

YOUR ADDRESS 5219 Ridge Oak Dr, Madison, WI

Please check the appropriate boxes:

- Support, Oppose, 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

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

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 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 10/1/12 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 (FOR APPLICANT)
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 1108 Moorland Rd (NOB #12)

YOUR NAME Kevin Newell DATE 10/1/12

YOUR ADDRESS 500 W Silver Spring Drive, Suite K200, Glendale, WI 53217

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input checked="" 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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Date 10-1-12 Signature 

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PLAN COMMISSION
REGISTRATION FORM

SPEAK ORDER (6)
(FOR APPLICANT)

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC NOB HILL APTS

YOUR NAME MIKE MERVIS DATE 10/1/12

YOUR ADDRESS 710 N PLANKINTON, MILWAUKEE, WI

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input checked="" 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

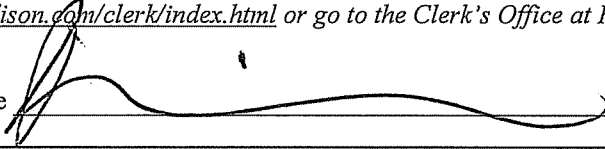
Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)

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PLAN COMMISSION
REGISTRATION FORM

SPEAK ORDER (7)
(FOR APPLICANT)

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Nob Hill
YOUR NAME NATHAN WAUTIER DATE 10/11/12
YOUR ADDRESS 22 East Mifflin St, Suite 600, Madison, WI

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

Are you being paid for your representation? Yes No

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

Are you an elected official or employee who is appearing solely on behalf of your office or
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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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Date 10/11/12 Signature [Handwritten Signature]

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PLAN COMMISSION
REGISTRATION FORM

SPEAK ORDER (8)
(FOR APPLICANT) FINAL

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC NOR HILL
YOUR NAME Jim Borris DATE _____
YOUR ADDRESS 710 N PLANKINTON Ave MILWAU WI 53203

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Date 10/1/12 Signature [Signature]

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC _____
YOUR NAME VANDY PRYOR DATE 10/1/2012
YOUR ADDRESS 1122 Moorland Rd #3

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input checked="" 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:

1108 Moorland Rd 751-6500

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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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 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 10/1/2012 Signature Vandy Pryor

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

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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. 13 SUBJECT/ADDRESS/TOPIC 1108 No 13 Hill

YOUR NAME KATHY KONICEK DATE 10-1-12

YOUR ADDRESS 1013 OCEAN RD

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

see attached, did not collect phone #, In Support As long as there is A FENCE!
self, Lori Rick Keil, Debra Johnson, Mary Bursac, Jenaro Perez
1013 Ocean, 1006 Ocean Rd, 2601 Golden Gate, 1017 Ocean Rd, 1009 Ocean Rd

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 10-1-12 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

13

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC Nob Hill Apartments
YOUR NAME Jill Hermann DATE 10/01/2012
YOUR ADDRESS 1032 Moorland Road #208

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

Are you being paid for your representation? Yes No

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

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

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Date 10/01/12 Signature Jill Hermann

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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13

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Teresa Burkeland DATE 10-1-12

YOUR ADDRESS 1110 Moorland Rd. #8 Madison, WI. 53713

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input checked="" 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:

had left by 10:15

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 10-1-12 Signature Teresa Burkeland

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC NOB HILL
YOUR NAME LISA FREITAG DATE 10/01/10
YOUR ADDRESS 1038 MOORLAND RD #202 MADISON, WI 53713

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

Are you being paid for your representation? Yes No

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

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

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Date _____ Signature _____

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME NINA BELL DATE 10-1-12

YOUR ADDRESS 1124 MOORLAND RD # 103

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" 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:
Had left by 10:15

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 10-1-12 Signature Nina Bell

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

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#13

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Jennifer Blash DATE 10-1-12

YOUR ADDRESS 1110 Moorland Rd #8 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:

Had left by 10:15

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 10-1-12 Signature Jennifer Blash

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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13
**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____
YOUR NAME Veronica Franklin DATE 10-1-2012
YOUR ADDRESS 1032 Moorland Rd Madison, WI 53713

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

had left by 10:15

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 10-1-2012 Signature Veronica Franklin

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118 in support not speaking

13

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Vanessa Gonzalez DATE 10/1/12

YOUR ADDRESS 1118 Maryland #116

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

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Date 10/1/12 Signature [Handwritten Signature]

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION
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13

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Jennifer Gonzalez DATE 10/1/12

YOUR ADDRESS 1024 Moorland Rd. #209

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.)

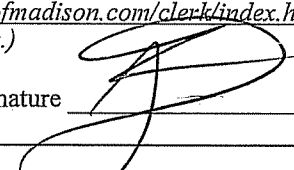
Yes No

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

Date 10/1/12

Signature 

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.
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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. 13 SUBJECT/ADDRESS/TOPIC NDB HILL RENOVATION
YOUR NAME CLORIS MCCLINTON DATE 10/1/12
YOUR ADDRESS 1032 MOORLAND RD APT 107

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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 10/1/12 Signature Cloris McClinton

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

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13

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME LEWIS CYRUS DATE 10-1-12

YOUR ADDRESS 108 MOORELAND RD

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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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(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 10/1/12 Signature 

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Nob Hill

YOUR NAME Lisa Ferreira DATE 10-01-12

YOUR ADDRESS 1028 Moorland Rd. #104 Madison, WI 53713

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input checked="" type="checkbox"/> Do not wish to speak | <input checked="" type="checkbox"/> Do not wish to speak | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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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(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 10-01-12 Signature 

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Barb Bouslogh DATE 10-1-12

YOUR ADDRESS 1168 Moorland Rd Office

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

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 10-1-12 Signature Barb Bouslogh

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. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Shannon Sorenson DATE 10-1-12

YOUR ADDRESS 1108 Moorland Rd, Office

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

Are you being paid for your representation? Yes No

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

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Date 10-1-12 Signature 

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Ally Ugalde DATE 10-1st-12

YOUR ADDRESS 1108 Moorland Rd #216

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.)

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Date 10-1st-2012 Signature Ally Ugalde

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Dawn Vysel DATE 10-1-2012

YOUR ADDRESS 1106 Moorland RD 109

Please check the appropriate boxes:

<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Neither Support Nor Oppose
<input type="checkbox"/> Wish to speak (3 min. limit)	<input type="checkbox"/> Wish to speak (3 min. limit)	<input type="checkbox"/> Wish to speak (3 min. limit)
<input checked="" type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak
<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions

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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Date 10-1-2012 Signature Dawn Vysel

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC _____
YOUR NAME Debra Cox DATE 10-1-12
YOUR ADDRESS 1108 Moorland rd #213

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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:
No6 Hill Resident

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 10-1-12 Signature DAE

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION
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13

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Zabrina Straine DATE 10-1-12

YOUR ADDRESS 1107 Moorland Rd Apt 202 Madison, WI

Please check the appropriate boxes:

- 53713
- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input checked="" 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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Date 10-1-12 Signature Zabrina Straine

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. 13 SUBJECT/ADDRESS/TOPIC _____
 YOUR NAME Sheri Carter DATE 10/1/12
 YOUR ADDRESS 3009 Ashford Ln

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

Name, address and telephone number of each person or organization you are representing:
SMVC 2300 S Park St
ANA Harbor Hills N. A

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 10/1/12 Signature [Signature]

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME CHARLES ONSUM DATE 10-1-2012

YOUR ADDRESS 44 BEL AIRE DR. MADISON

Please check the appropriate boxes:

- | | | |
|--|---|--|
| <input type="checkbox"/> Support | <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

Are you being paid for your representation? Yes No

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

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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 10.1.2012 Signature Charles Onsum

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

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC NOB Hill Redevelopment
YOUR NAME CORA E. WHITE DATE OCT. 1, 2012
YOUR ADDRESS 2706 BADGER LAKE

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(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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Date OCT. 1, 2012 Signature [Handwritten Signature]

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PLAN COMMISSION
REGISTRATION FORM

Conditional use

AGENDA ITEM NO. #13 SUBJECT/ADDRESS/TOPIC #13

YOUR NAME DAN Kerkman DATE Oct. 1, 2012

YOUR ADDRESS 29 Germaine Circle

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(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:

INDIAN SPRINGS Neighborhood Association

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 10/1/12 Signature Daniel C. Kerkman

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Timothy King

YOUR NAME Timothy King DATE _____

YOUR ADDRESS _____

Please check the appropriate boxes:

Support

Oppose

Neither Support Nor Oppose

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Do not wish to speak

Do not wish to speak

Do not wish to speak

Available to answer questions

Available to answer questions

Available to answer questions

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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.)

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Yes

No

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1 Opposed not speaking

PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME LOUIS M XIQUE DATE 10-1-12

YOUR ADDRESS 110 MOORLAND RD #215 MADISON WI 53713

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input 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 checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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