

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8,9 & 10 SUBJECT/ADDRESS/TOPIC 2801 Hickory / 7801
 YOUR NAME J. RANDY BRUCE DATE 5/20/19 RAY
 YOUR ADDRESS 7601 UNIVERSITY AVE

Please check the appropriate boxes:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor O |
| <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. |
| <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 c |

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 ques

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

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
 County Building, Madison, for more information.)

Date 5/20/19 Signature J. Randy Bruce

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
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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
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 to the Common Council on rezoning and subdivision plat matters. On conditional use permits and demolition permits, t
 Commission makes the final decision after holding a public hearing to consider all facts applicable to the application.

**PLAN COMMISSION
REGISTRATION FORM**

*Hickory Ridge
Raymond Rd*

AGENDA ITEM NO. 870 SUBJECT/ADDRESS/TOPIC Lot Raymond Rd
 YOUR NAME Sheila Power DATE 5/20/19
 YOUR ADDRESS 1301 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 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

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 If you answered "yes," please continue.) Yes No

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 for your municipality or other governmental body?
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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 5/20/19 Signature Sheila Power

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. B-10 SUBJECT/ADDRESS/TOPIC HICKORY RIDGE
YOUR NAME MIKE CREWSTER DATE 5/20/19
YOUR ADDRESS 7710 RAYMOND RD

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 |

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Date 5/20/19 Signature [Signature]

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8910 SUBJECT/ADDRESS/TOPIC _____
YOUR NAME ROJUS NAJALIS DATE 5/20/19
YOUR ADDRESS 7901 OAK VIEW 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 type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC Hickory Ridge
 YOUR NAME Badri Lankella DATE 5/20/19
 YOUR ADDRESS 3017 Winter Park 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 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 |

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC 2801 Hickory Ridge Rd
 YOUR NAME John Kim DATE 5/20/2019
 YOUR ADDRESS 7905 Oak View Drive, 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 checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
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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?
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Date 5/20/2019 Signature John Kim

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC ESKER APARTMENTS
 YOUR NAME ANDY CROOKS DATE 5/20/19
 YOUR ADDRESS 7588 TUMBLE DOWN TRAIL

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 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:

ESKER APARTMENTS LLC

Are you being paid for your representation? Yes No

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC ESK
 YOUR NAME Alex McKenzie DATE 5/20/19
 YOUR ADDRESS 1410 Hawks Ridge Dr. Verona WI

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 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 |

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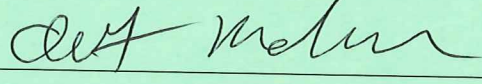
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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC 2801 Hickory Rd

YOUR NAME Justin Zamparoli DATE _____

YOUR ADDRESS 999 Fovner Drive, Suite 201

Please check the appropriate boxes: Madison, WI

- | | | |
|---|--|--|
| <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 |
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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

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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(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 5/20/19 Signature J. Zamparoli

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

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District 7 Alder

PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC _____
YOUR NAME Donna Moreland DATE 5-20-2019
YOUR ADDRESS 3818 Mammoth Trail

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input checked="" 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:

District 7 residents

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 5-20-2019 Signature Donna D. Moreland

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. B-10 SUBJECT/ADDRESS/TOPIC Hickory Ridge
 YOUR NAME JUDITH B PELLEY DATE 5-20-19
 YOUR ADDRESS 2810 Hickory Ridge Rd

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 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

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 5-20-19 Signature Judith B Pelley

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. 8-10 SUBJECT/ADDRESS/TOPIC 2001 Hickory Ridge Rd
 YOUR NAME Theresa Kang DATE 5/20/19
 YOUR ADDRESS 7905 Oak View Drive 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

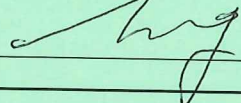
Are you appearing as part of your other paid duties for this person or organization?
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.) Yes No

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 5/20/19 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. 8-10 SUBJECT/ADDRESS/TOPIC Hickory Ridge
 YOUR NAME John Conlon DATE 5/20/19
 YOUR ADDRESS 7606 Lindemann Trail

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Support | <input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> Neither Support Nor Oppose |
| <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input 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 5/20 Signature John Conlon

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. 8-10 SUBJECT/ADDRESS/TOPIC Hickory Ridge
YOUR NAME Jason Miller DATE 5/20/19
YOUR ADDRESS 7909 Oak View Dr

Please check the appropriate boxes:

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

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

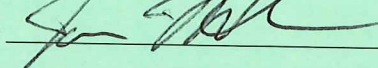
Are you an elected official or employee who is appearing solely on behalf of your office or
for your municipality or other governmental body?
(If you answered "yes" to the question, STOP. You need not complete the rest of this form except
that you must sign this form. If you answered "no" to the question,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

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Date 5/20/19

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. 8-10 SUBJECT/ADDRESS/TOPIC HICKORY RIDGE / RAYMOND DR
 YOUR NAME RICHARD KING DATE 5/20/19
 YOUR ADDRESS 1625 CAPITAL AVE. 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

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Date 5/20/19 Signature [Signature]

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC 2801 Hickory Ridge Rd
 YOUR NAME Pat Woods DATE 5/20/2019
 YOUR ADDRESS 14 Glacier Cir Madison 53719

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 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 5/20/2019 Signature Pat Woods

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC 2801 Hickory Ridge Rd
 YOUR NAME Terry Rawling DATE 5-20-2019
 YOUR ADDRESS 14 GLACIER CIR MADISON 53719

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 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 5-20-2019 Signature J. Rawling

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. 89.10 SUBJECT/ADDRESS/TOPIC 2801 Hickory / 7801 Rosemead
 YOUR NAME I Deal Scharber DATE 5/20/19
 YOUR ADDRESS Kwatta & Bruce Arch.

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 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:

TR McKean

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 5/20/19 Signature [Signature]

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