

13  
**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC 809 WILLIAMSON  
YOUR NAME JOHN MARTENS DATE 11/5/12  
YOUR ADDRESS 4118 FEGG

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?  Yes  No  
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Date 11/5/12 Signature 

**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.
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. 13 SUBJECT/ADDRESS/TOPIC 809 WILLIAMSON  
 YOUR NAME SARAH KILFON DATE \_\_\_\_\_  
 YOUR ADDRESS 1020 WILLIAMSON

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 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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Date 11-5-2012 Signature Sarah Kilfon

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13  
**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC 811 Williamson St  
YOUR NAME Jonathan Hunter DATE 11/5/2012  
YOUR ADDRESS 1105 E. Johnson

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>               | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input 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:  
owner of underground food collective

Are you being paid for your representation?  Yes  No

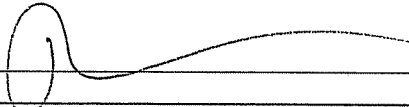
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(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)  Yes  No

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 809 Williamson  
 YOUR NAME Rhonda Plourd DATE 11/5/12  
 YOUR ADDRESS 407 Livingston St.

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 |

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

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13  
**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. X SUBJECT/ADDRESS/TOPIC 809 Williamson St.  
YOUR NAME Jonathan T. Reske DATE 11/05/2012  
YOUR ADDRESS 3128 Lakeland Avenue, Apt. 1, Madison, WI 53704

Please check the appropriate boxes:

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

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

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Date 11/05/2012 Signature Jonathan T. Reske

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 809 Williams

YOUR NAME Ben Anton DATE 11/5/12

YOUR ADDRESS 407 S. Livingston St

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 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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