

## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 77 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Hans Borcharding DATE 3-9-20

YOUR ADDRESS 1524 JEFFERSON ST

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 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:**

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Are you being paid for your representation?  Yes  No

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

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

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Date \_\_\_\_\_ 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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PLAN COMMISSION  
REGISTRATION FORM

#11

AGENDA ITEM NO. 58895 SUBJECT/ADDRESS/TOPIC Tourist Promenade buses

YOUR NAME CRAIG MAYER DATE 03/09/2020

YOUR ADDRESS 1548 JEFFERSON 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 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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Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_

Are you being paid for your representation?  Yes  No

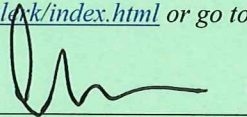
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(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)  Yes  No

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Date 3/9/2020 Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC FOURTH ROOMING HOUSE  
 YOUR NAME FRASER GURD (GURD) DATE 2008-03-09  
 YOUR ADDRESS 1520 JEFFERSON ST

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"/> <b>Wish to speak (3 min. limit)</b> | <input type="checkbox"/> <b>Wish to speak (3 min. limit)</b>  | <input type="checkbox"/> <b>Wish to speak (3 min. limit)</b>  |
| <input type="checkbox"/> <b>Do not wish to speak</b>                    | <input type="checkbox"/> <b>Do not wish to speak</b>          | <input type="checkbox"/> <b>Do not wish to speak</b>          |
| <input type="checkbox"/> <b>Available to answer questions</b>           | <input type="checkbox"/> <b>Available to answer questions</b> | <input type="checkbox"/> <b>Available to answer questions</b> |

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 \_\_\_\_\_  
 \_\_\_\_\_

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

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC 585 95  
YOUR NAME DIANE MORGENTHALER DATE 3/9/20  
YOUR ADDRESS 22 E MIFFLIN 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 |

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:

Destination Madison  
441-2622

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.)

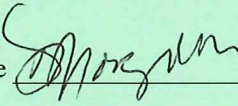
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Date 3/9/20

Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC TOWNSHIP ROOMING HOUSE  
 YOUR NAME JAMES SHULKIN DATE 3/9/20  
 YOUR ADDRESS 5027 MARATHON DRIVE MAD 53705

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     |

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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

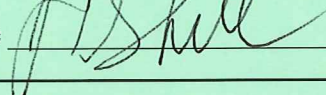
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 (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)  
 Yes  No

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 Yes  No

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Date 3/9/20 Signature 

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11

**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 58845 SUBJECT/ADDRESS/TOPIC T. R. House  
YOUR NAME Suzanne Crowner DATE \_\_\_\_\_  
YOUR ADDRESS 2702 Kendrick Ave, Madison, WI 53705

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 |

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

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11

## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 58895 SUBJECT/ADDRESS/TOPIC Transit Room House  
YOUR NAME Bruce Crownover DATE 3/9/2020  
YOUR ADDRESS 2702 Kimball Ave Madison, WI 53705

Please check the appropriate boxes:

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

3 of 3

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC 58895  
YOUR NAME Rudy Moore DATE 3/9/20  
YOUR ADDRESS 713 ORTON CT

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 3/9/20 Signature [Signature]

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

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME MARLA FROELICH DATE 9 March 2020

YOUR ADDRESS 555 GLEN DR, MADISON

Please check the appropriate boxes:

<input type="checkbox"/> Support	<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Neither Support Nor Oppose
<input checked="" 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 checked="" type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions

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

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

---

Are you being paid for your representation?  Yes  No


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

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

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Date 9/3/2020 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. 11 SUBJECT/ADDRESS/TOPIC TRH  
 YOUR NAME Peter Taghian DATE March 9th  
 YOUR ADDRESS 718 West Britton Pl

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

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 (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
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 for your municipality or other governmental body?  Yes  No  
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Date \_\_\_\_\_ Signature \_\_\_\_\_

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC TRK  
 YOUR NAME Amanda Mott DATE 3/9/20  
 YOUR ADDRESS 718 W. Brittingham Pl 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 |

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

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

---

Are you being paid for your representation?  Yes  No

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

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

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 5785 SUBJECT/ADDRESS/TOPIC TRH Regulation  
 YOUR NAME John Lynch DATE 3-9-20  
 YOUR ADDRESS 1229 Carpenter St

Please check the appropriate boxes:

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

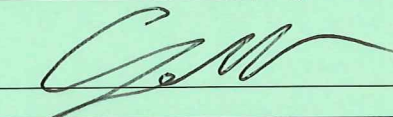
Are you appearing as part of your other paid duties for this person or organization?  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*  Yes  No

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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 3-9-20 Signature 

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PLAN COMMISSION  
REGISTRATION FORM

1/3

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC 58875  
YOUR NAME Joan Sample DATE 3/9/20  
YOUR ADDRESS 588 Park Ln.

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:

Are you being paid for your representation?  Yes  No

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

Are you an elected official or employee who is appearing solely on behalf of your office or  
for your municipality or other governmental body?  Yes  No  
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Date 3/9/20 Signature Joan Sample

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

2 of 3

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC 58895  
YOUR NAME Ken Koeppler DATE March 9th  
YOUR ADDRESS 2727 Atwood Ave

Please check the appropriate boxes:

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

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Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date March 9 Signature K Koeppler

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC TRM

YOUR NAME Andrew Standahl DATE 3/9/20

YOUR ADDRESS 80 Craig Ave Madison, WI 53705

Please check the appropriate boxes:

<input type="checkbox"/> <b>Support</b>	<input checked="" type="checkbox"/> <b>Oppose</b>	<input type="checkbox"/> <b>Neither Support Nor Oppose</b>
<input type="checkbox"/> Wish to speak (3 min. limit)	<input 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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Are you being paid for your representation?  Yes  No

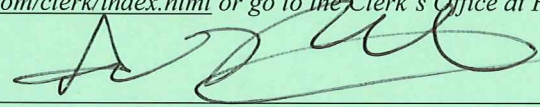
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Date 3/9/20 Signature 

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# PLAN COMMISSION REGISTRATION FORM

11

AGENDA ITEM NO. 58895 SUBJECT/ADDRESS/TOPIC Tourist Rooming Houses  
 YOUR NAME Maureen Engelberger DATE 3-9-20  
 YOUR ADDRESS 4502 Diamond Drive Madison WI

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                       | <input checked="" type="checkbox"/> Oppose                       | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input 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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 (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 \_\_\_\_\_ 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. 11 SUBJECT/ADDRESS/TOPIC Airbnb  
 YOUR NAME Candice Stendahl DATE 3/9/20  
 YOUR ADDRESS 30 Craig 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 type="checkbox"/> Do not wish to speak                     | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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

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

---

Are you being paid for your representation?  Yes  No

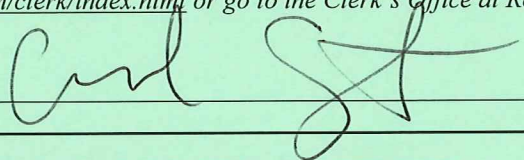
Are you appearing as part of your other paid duties for this person or organization?  
 (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
 If you answered "yes," please continue.)  Yes  No

Are you an elected official or employee who is appearing solely on behalf of your office or  
 for your municipality or other governmental body?  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 3/9/20 Signature 

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC TRH

YOUR NAME PETER DALY DATE 3/9/20

YOUR ADDRESS 1112 LINCOLN ST

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                       | <input checked="" type="checkbox"/> Oppose               | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)    | <input type="checkbox"/> Wish to speak (3 min. limit)  |
| <input type="checkbox"/> Do not wish to speak          | <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak          |
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Date 3/9/20 Signature Peter A. Daly

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