

# 2

# PLAN COMMISSION REGISTRATION FORM

OVER  
→

AGENDA ITEM NO. 58107 SUBJECT/ADDRESS/TOPIC OSCAR MAYER SPECIAL PLAN  
 YOUR NAME JOHN JOHNSON DATE 2/10/20  
 YOUR ADDRESS 522 McCORMICK AVE

Please check the appropriate boxes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 | <input checked="" type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)                 |
| <input type="checkbox"/> Do not wish to speak          | <input 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 checked="" 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.  
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Date 2/10/20 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. 58107 SUBJECT/ADDRESS/TOPIC Oscar Mayer Special Plan

YOUR NAME JENIFER RODRIGUEZ DATE 2/10/20

YOUR ADDRESS 2846 Coolidge

Please check the appropriate boxes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 | <input checked="" type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)                 |
| <input type="checkbox"/> Do not wish to speak          | <input 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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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 2/10/20 Signature JR ON BEHALF OF JENNIFER RODRIGUEZ

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 58107 SUBJECT/ADDRESS/TOPIC Oscar Meyer Special Plan  
 YOUR NAME JEFF STEELE DATE 2/10/20  
 YOUR ADDRESS 522 McCORMICK AVE

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 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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---

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Date 2/10/20 Signature  ON BEHALF OF JEFF STEELE

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# 2

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 58107 SUBJECT/ADDRESS/TOPIC Oscar Mayer Special Plan  
 YOUR NAME Sara L. Gill DATE 2/10/2020  
 YOUR ADDRESS 2310 Coolidge Street, Madison, WI 53704

Please check the appropriate boxes:

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

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_

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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 2/10/2020 Signature Sara L. Gill

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC OMSAF

YOUR NAME DOH LINDSAY DATE FEB. 10, 2020

YOUR ADDRESS 1716 NORTHFIELD; MADISON WI 53704

Please check the appropriate boxes:

Support

Oppose

Neither Support Nor Oppose

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Do not wish to speak

Do not wish to speak

Do not wish to speak

Available to answer questions

Available to answer questions

Available to answer questions

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

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

Are you being paid for your representation?

Yes

No

Are you appearing as part of your other paid duties for this person or organization?  
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If you answered "yes," please continue.)

Yes

No

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Yes

No

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

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO: #2 SUBJECT/ADDRESS/TOPIC OM SAP  
 YOUR NAME Jennifer Argelanceer DATE 2/10/2020  
 YOUR ADDRESS 1715 Erie Court

Please check the appropriate boxes:

Support

<sup>In part</sup> Oppose <sub>submitted comments</sub>

Neither Support Nor Oppose

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Do not wish to speak

Do not wish to speak

Do not wish to speak

Available to answer questions

Available to answer questions

Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Are you being paid for your representation?

Yes

No

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Yes

No

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Yes

No

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**PLAN COMMISSION  
REGISTRATION FORM**

2

AGENDA ITEM NO. 5810 SUBJECT/ADDRESS/TOPIC Oscar Mayer Spec. Area Plan Update  
YOUR NAME Lauren Holman DATE 2/10/20  
YOUR ADDRESS 2717 Dahl St

Please check the appropriate boxes:

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

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

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2

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 508/07 SUBJECT/ADDRESS/TOPIC Oscar Mayer Special Area Plan  
 YOUR NAME Beth Sluys DATE Feb 10, 2020  
 YOUR ADDRESS 574 NOVA WAY 53704

Please check the appropriate boxes:

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

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 (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:

Dolores Kester 1818 Winchester 608.249.1218

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  
 (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
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Date \_\_\_\_\_ Signature \_\_\_\_\_

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2  
**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 58107 SUBJECT/ADDRESS/TOPIC Oscar Mayer Special Area pt.

YOUR NAME Maagie Frespirit DATE 2-10-2020

YOUR ADDRESS 2302 Coolidge St

Please check the appropriate boxes:

*speaking to Hartmeyer  
and Coolidge St*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                       | <input checked="" 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:

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

Date 2-10-2020 Signature Maagie Frespirit

**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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#2

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. \_\_\_\_\_ SUBJECT/ADDRESS/TOPIC Oscar Mayer  
 YOUR NAME Bernice Arnold DATE 2/10/20  
 YOUR ADDRESS 622 NORTH ST

Please check the appropriate boxes:

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

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 2/10/20 Signature Bernice Arnold

### 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. 2 SUBJECT/ADDRESS/TOPIC OMSAF update  
 YOUR NAME Lesleigh Luffrell DATE 2/10/20  
 YOUR ADDRESS 1906 Kropf Ave Madison WI

Please check the appropriate boxes:

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

Sherman 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

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 2/10/20 Signature [Signature]

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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# 2

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 58107 SUBJECT/ADDRESS/TOPIC OSCAR MAYER UPDATE  
 YOUR NAME DAVID DIAMONSTONE DATE 2/10/20  
 YOUR ADDRESS 2625 COOLIDGE 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 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:

---

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)

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Hartmeyer Natural Area  
YOUR NAME Mary Johnston DATE Feb 10, 2020  
YOUR ADDRESS 1708 Fremont Ave

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:

Friends of Hartmeyer Natural Area

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 Feb 10, 2020 Signature Mary E Johnston

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 2 SUBJECT/ADDRESS/TOPIC Oscar Mayer Spec Area Plan  
 YOUR NAME Erich Eifler DATE 2/10/2020  
 YOUR ADDRESS 2717 Dahle 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

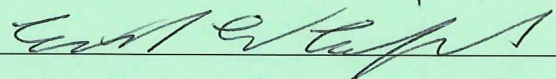
Are you appearing as part of your other paid duties for this person or organization?  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*  Yes  No

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 2/10/2020 Signature 

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**PLAN COMMISSION  
REGISTRATION FORM**

#2

AGENDA ITEM NO. 58107 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_  
YOUR NAME PAUL NOELDNER DATE 2020/02/09  
YOUR ADDRESS \_\_\_\_\_

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                                 | <input type="checkbox"/> Oppose                        | <input checked="" 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:

PAUL NOELDNER, 136 KEWANAWA

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 2/9/2020 Signature [Handwritten Signature]

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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2

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 508107 SUBJECT/ADDRESS/TOPIC Oscar Meyer Special Area Plan

YOUR NAME David Bierman DATE 2/10/2020

YOUR ADDRESS 514 Nova Way Madison WI 53704

Please check the appropriate boxes:

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

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

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

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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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. 2 SUBJECT/ADDRESS/TOPIC Oscar Mayer Plan  
 YOUR NAME Anita Weier DATE Feb. 10, 2019  
 YOUR ADDRESS 20 Golf Parkway, Madison 53704

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 checked="" 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:

Friends of Hartmeyer Natural Area

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

Date Feb. 10, 2019 Signature Anita Weier

### 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.
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2  
Beth Sluys

### PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 508107 SUBJECT/ADDRESS/TOPIC Oscar Mayer Special Area Plan -  
YOUR ~~NAME~~ 514 NOVA WAY 53704 DATE Feb 10, 2020

YOUR ADDRESS \_\_\_\_\_

Please check the appropriate boxes:

Support

Oppose

Neither Support Nor Oppose

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Do not wish to speak

Do not wish to speak

Do not wish to speak

Available to answer questions

Available to answer questions

Available to answer questions

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

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

Are you being paid for your representation?

Yes

No

Are you appearing as part of your other paid duties for this person or organization?

Yes

No

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

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

Yes

No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)

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

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

Date Feb 10 2020

Signature

Beth Sluys

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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