

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 9, 10 SUBJECT/ADDRESS/TOPIC 3040 MAPLE GROVE
YOUR NAME CRAIG RADDATZ DATE 3-11-11
YOUR ADDRESS 789 N. WATER

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:

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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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(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 3/11/11

Signature [Handwritten Signature]

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

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 9-10 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Paul Hesch DATE 3/11/19

YOUR ADDRESS 3848 Maple Gr. & #202

Please check the appropriate boxes:

Support

Oppose

Neither Support Nor Oppose

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Do not wish to speak

Do not wish to speak

Do not wish to speak

Available to answer questions

Available to answer questions

Available to answer questions

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 9-10 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Nick Foerster DATE 3-11-19

YOUR ADDRESS 7001 Wildberry Dr., Madison, WI, 53719

Please check the appropriate boxes:

Support

Oppose

Neither Support Nor Oppose

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Wish to speak (3 min. limit)

Do not wish to speak

Do not wish to speak

Do not wish to speak

Available to answer questions

Available to answer questions

Available to answer questions

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 9 + 10 SUBJECT/ADDRESS/TOPIC Zoning Map Amendments + Related Requests
YOUR NAME Karen Demick DATE 3/11/19
YOUR ADDRESS 7014 Rockstream Dr

Please check the appropriate boxes:

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

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Date 3/11/19

Signature K Demick

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PLAN COMMISSION
REGISTRATION FORM

9-10

AGENDA ITEM NO. 54503 SUBJECT/ADDRESS/TOPIC 3840 Maple Grove Drive

YOUR NAME Peggy Christensen DATE 3.11.19

YOUR ADDRESS 3848 Maple Grove Drive, Unit 201, 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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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 3.11.19 Signature Peggy S Christensen

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 9 SUBJECT/ADDRESS/TOPIC 3840 MAPLE GROVE ROAD
 YOUR NAME JOSEPH LEE / SLA ARCHITECTS DATE 3/11/2019
 YOUR ADDRESS 2418 CROSSROADS DRIVE #2300

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

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PLAN COMMISSION
REGISTRATION FORM

9-10

AGENDA ITEM NO. 50105 SUBJECT/ADDRESS/TOPIC FRIES Maple Grove

YOUR NAME David Sheppard DATE 3/11/2019

YOUR ADDRESS 1 Willowbrook Ct

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 |
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PLAN COMMISSION
REGISTRATION FORM

9-10

FRED
GROU
DWO

AGENDA ITEM NO. 54405 SUBJECT/ADDRESS/TOPIC Preliminary Plat Approval
YOUR NAME Rebecca Larson DATE 3-11-19
YOUR ADDRESS 3917 Ambleside Dr. Madison, WI 53719

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 checked="" type="checkbox"/> Wish to speak (3 min. limit) |
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Date 3-11-19 Signature Rebecca Larson

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