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28467

# PLAN COMMISSION REGISTRATION FORM

CSM MCKENZIE

AGENDA ITEM NO. 28094 SUBJECT/ADDRESS/TOPIC COL-DE-SAC VACATION

YOUR NAME RON GUTRIK DATE 12-3-2012

YOUR ADDRESS 6501 WATTS RD. MADISON, WI

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:

MCKENZIE 300 CORPORATION  
MIDDLETON WI - 608 839602

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 12-3-2012 Signature Ron Gutrik

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

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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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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

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AGENDA ITEM NO. 28467 SUBJECT/ADDRESS/TOPIC CSM MCKENZIE 300  
YOUR NAME SEAN WALSH DATE 12/3/12  
YOUR ADDRESS 7220 BIRCHWOOD DRIVE SAUK CITY

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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Name, address and telephone number of each person or organization you are representing:  
MCKENZIE 300 CORP, MIDDLETON WI  
831-5343

Are you being paid for your representation?  Yes  No

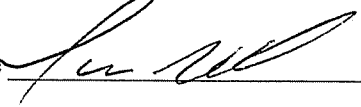
Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
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Date 12/3/12 Signature 

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28094

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 28467 SUBJECT/ADDRESS/TOPIC CSM McKenzie

YOUR NAME John McKenzie DATE 12-3-2012

YOUR ADDRESS ~~941~~ 902 Hidden Cave Rd Madison

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:

McKenzie 300 Corp Developer

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

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Date 12/3/12

Signature

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 28467 SUBJECT/ADDRESS/TOPIC CSM MCKENZIE

YOUR NAME ARIS GIALAMAS DATE 12-3-2012

YOUR ADDRESS 817 Silver Sage 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 |

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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

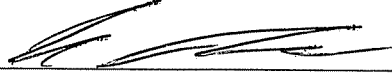
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(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)  Yes  No

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Date 12/03/12 Signature 

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28094

# PLAN COMMISSION REGISTRATION FORM

CURRICIUM VACATION  
CSM MCKENNA

AGENDA ITEM NO. 28467 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Paul Berns DATE 12-3-2012

YOUR ADDRESS 9906 Falten Leaf Dr. Middleton, WI 53562

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

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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 12/3/2012 Signature Paul Berns

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 28467 SUBJECT/ADDRESS/TOPIC McKenzie Corp  
 YOUR NAME Beth An. Schulz DATE 12-3-12  
 YOUR ADDRESS 1102 Windingway, Middleton, WI 53562

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          |
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Date 12-3-12 Signature 

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