Date: 4-19-11

### **CITY OF MADISON**

## Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No	14	Name Address	REN SALF 303 S. PAT MAIN SON	er son	)
Please check the appr	ropriate box:		Please check th	e appropria	ite box:
At this meeting are you (If you answered "no, of who you represent a	pport Nor Oppose u representing an organizat "STOP; you need not com and go on to the next question	plete the rest o on.)	other than yourself: f this form. If you answ	to speak answer ques Yes wered "yes,"	☐ No
Name, address and tele	ephone number of each per	son or organiza	ition you are represent	ing:	
Are you being paid for	your representation?			Yes	☐ No
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Speaking Limits:	Public Hearing (Common Information Hearing	3	minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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	-	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _	A. 1	19-11 Signature ####################################
		Print Name KEN SALEL



Date: 19 APR 2011

## **WISH TO SPEAK FORM**

Registration Statement -	Common C	ouncil	***************************************	ENTERT OF THE TOTAL OF THE TOTA
	COMMITTEE			
Agenda No.	PLEASE Name Address	PRINT NA JON ( 4233 5370)	ME CLEARLY Sever KEN WOOD	
Please check one:	AND	Plea	se check:	,
Support		Ø	Wish to Speak	
Oppose				
Neither Support Nor Opp	pose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	complete the rest uestion.)	of this form. I	If you answered "yes," p	□ No provide the name
Are you being paid for your representation?			Yes	□No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	~	_		☐ No go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	minutes		·

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
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(Please go to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date:	
Daw.	

# **WISH TO SPEAK FORM**

### CITY OF MADISON

Registration Statement -	Common Co	uncil
Please Print  Agenda No. 14 (21604)	PLEASE F Name Address	PRINT NAME CLEARLY  BETH KUBLY  629 Woodward Dr  Madeson S3704
Please check one:	AND	Please check:
<ul><li>☐ Support</li><li>☐ Oppose</li></ul>		Wish to Speak
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest of question.)	this form. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this persor	☐ Yes ☐ No  n or organization? ☐ Yes ☐ No  sthis form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 n g3 n 3 n	ninutes

(SEE BACK)

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(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)	
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Date	Signature	
	Print Name	



Date:	

# **WISH TO SPEAK FORM**

Registration Statement -	COMMITTEE	ouncil	<del> </del>		
Please Print  Agenda No.	PLEASE Name Address	PRINT NA	ME CLEARLY Jacklif	2	
Please check one:	AND	Plea	ise check:		
Support		d	Wish to Sp	eak	
Oppose					
Neither Support Nor Op	pose				
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q  Name, address and telephone number of each	complete the rest of uestion.)  h person or organiz	of this form.	If you answered ";	Yes ☐ No yes," provide the nam	ıe
Community Crowd Coll	63 3601 M	lemon's	e pr. #H		
602-240-0409					
Are you being paid for your representation?				Yes No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this perse complete the rest	on or organiz	zation?		хt
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes			

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Date	Signature
	Print Name



Date: 4/19/11

## **WISH TO SPEAK FORM**

Registration S	tatement - Common COMMITTEE	Council	
Please Print	PLEAS	E PRINT NAME CLEA	\RLY
Agenda No.	Name Address	Timothy G 4317 Bro Madison	arrett Wh Ln. 53704
Please check one:	AND	Please chec	<b>k:</b> _
Support		<b>Wish</b>	to Speak
<b>Oppose</b>			
Neither Suppo	ort Nor Oppose		
(If you answered "no," STO of who you represent and go	esenting an organization or a pers  P; you need not complete the res on to the next question.)  e number of each person or organ	of this form. If you answ	
	· .		
Are you being paid for your	representation?		Yes No
	your other paid duties for this per <b>P</b> ; you need not complete the res		Yes No No wered "yes," go on to the next
Infor	c Hearing (Common Council) mation Hearing Items	3 minutes	

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. If y	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

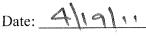


Date:	
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## **WISH TO SPEAK FORM**

Registration Statement	Common C	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. <u>14</u> 21604	Name _ Address _	TODD CAMBIO 521 TROY DRIVE MADISON
Please check one:	AND	Please check:
Support		Wish to Speak
<b>Oppose</b>		
Neither Support Nor Opp	pose	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest (uestion.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes        No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)		on or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
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3	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Please Room 10	go to 03 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date	4-17	9-11 Signature <b>£ Z A</b>			
	Print Name 7000 CAMBIO				





# DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Committee	ouncil	
Please Print		33	PRINT NAME CLE	ARLY
Agenda No			Kate Mc 805 Wo	
Please check or	ie:	AND	Please che	ck:
Support			Do no	t wish to speak
Oppose				
Neither S	upport Nor Op	pose		
Would 1	ile nor	- public i	format	ion Sessions not been crough
prior to	vote by	Council	. There has u	not been knough
At this meeting are yo	u representing an org "STOP; you need no	anization or a persor ot complete the rest o	other than yourself:	Yes No wered "yes," provide the name
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Are you being paid for	r your representation?	)		☐ Yes    No
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Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date 4	Signature Con Months

Date: 4/19/11



# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLEA	ARLY	
Agenda No. 216	304 (#14)	Address	Frin McM 805 Wood Madison, W	ward E	
Please check o	ne:	AND	Please chec	ck:	
<b>Support</b>			Do not	wish to s	peak
<b>Oppose</b>					
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Name, address and te	ephone number of each	n person or organizat	ion you are represent	ing:	
Are you being paid fo	r your representation?			☐ Yes	⊠ No
Are you appearing as	part of your other paid "STOP; you need not			Yes	⊠ No
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 n	ninutes		

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Date 4/10	Print Name Erin McMahan
	rint name Elivi i Chance



Date:	4.	/19	10	(
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# DO NOT WISH TO SPEAK FORM

Registrati	ion Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CL	_EARLY	
Agenda No		Name Address	Run Selvie 225 East Vadron	ESSEC E Calebaum WI 5370	lace 3
Please check o	ne:	AND	Please ch	eck:	
<b>Support</b>		Residence And Section (Section Conference on	Do n	ot wish to speak	ζ.
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Date		Signature
		Print Name



Date:	4-1	9-1	<u> </u>

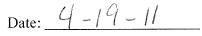
# DO NOT WISH TO SPEAK FORM

### **CITY OF MADISON**

Registrat	ion Statement -	COMMITTEE	uncil		
Please Print		PLEASE I	PRINT NAME	E CLEARLY	
Agenda No.		Name L		villiam Parle S- som	
Please check o	ne:	AND	Please	check:	
Support			$\nearrow$ D	o not wish to	speak
<b>Oppose</b>					
Neither S	Support Nor Op	pose			
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Are you being paid for	or your representation?	<b>)</b>		☐ Yes	□No
	part of your other paid of "STOP; you need no				☐ No " go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 t 33 t	ninutes		

(SEE BACK)

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
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Date	Signature
	Print Name





## DO NOT WISH TO SPEAK FORM

Registrat	ion Statement	COMMITTEE	ouncii		Accordance of the Control of the Con
Please Print		PLEASE	PRINT NAME CL	EARLY.	
Agenda No	4	Name _ Address _	Susan 3427 Vil 5	Rosa ournuw 3705	n DV
Please check o	ne:	AND	Please ch	eck:	
<b>Support</b>	_		Do n	ot wish to s	peak
<b>Oppose</b>					
Neither S	upport Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ," STOP; you need not and go on to the next questions of each	complete the rest of uestion.)	of this form. If you ar	nswered "yes," j	No provide the name
Are you being paid fo	or your representation?			Yes	□No
	part of your other paid "STOP; you need not			☐ Yes nswered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		

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Date _		Signature
		Print Name



# DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Cou	ıncil		
Please Print  Agenda No.		Name Address 2	RINT NAME CLEA Jane Morris Page Wilson	RLY	
Please check o  Support Oppose	ne:	AND	Please check Do not	κ: wish to speak	
	Support Nor O <sub>l</sub>	ppose			
(If you answered "no of who you represent	o," <b>STOP;</b> you need no and go on to the next		this form. If you answe	☐ Yes ☐ No ered "yes," provide the nam	1e
Are you being paid for	or your representation	?		☐ Yes ☐ No	
		d duties for this person ot complete the rest of		☐ Yes ☐ No ered "yes," go on to the ne.	xt
Speaking Limits:	• ,	mmon Council)5 m g3 m 3 m			

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	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name



Date:	
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# WISH TO SPEAK FORM

Registration	on Statement -	Common C	ouncil			
Please Print		PLEASE	PRINT NAME	CLEARLY		
Agenda No. <u>2</u>   6	04	Name Address	Joshua 3626 Madisan	Momill Alpin W1	R) 5370(1	
Please check on	ie:	AND	Please	check:		
Support Oppose Neither Su	ıpport Nor Op	pose	No	Vish to Sp	eak	
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	"STOP; you need no and go on to the next o	t complete the rest question.)	of this form. If yo	ou answered "j		: name
Are you being paid for	your representation?				Yes No	•
Are you appearing as p (If you answered "no," question.)	part of your other paid "STOP; you need no	I duties for this per t complete the rest	son or organization of this form. If yo	on? \ \ ou answered "	(es \times No yes," go on to th	ie next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you ansy this form. I	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

April 19, 2011

Dear Members of the Common Council,

I live very near this property, and like several of my neighbors, I'm not so sure I want to see a building go up there. I went to the Plan Commission meeting last week, to gather information for myself since the people who want to build it had scheduled no community meetings to discuss this project with us, the community who lives here. Not good process, in my opinion. They send a flyer around this winter, but that's all. Our alder at the time did nothing to inform his constituents or foster dialogue about the project. I'm also on the Board of Directors of Community GroundWorks, and reps from the Historical Society did not previously communicate with our organization about this project, which is right next to our work at Troy Gardens.

I spoke to the architect and whoever he was with after the meeting, and they told me the project would not tear down the forest in front of the property, where CGW, in partnership with the Central Wisconsin Center which owns the land, has created a forest education space complete with learning areas and a fort building area where kids can play. The men told me the new project would not impede our use of this forest, and the trails within would remain open to all as they are now. However, at this point all we have are words, no real agreements. I don't trust only words in the long run.

No community conversations have taken place to brainstorm what other use this land could have (like urban agriculture?), or alternative nearby locations where this building could be built. My neighbors and I have many questions--what is the timeline for expansion? Why does this 2-story building which is actually as tall as a 4-story building have to be so close to the street? The state owns many acres of land in this vicinity--why is this location best? Will there be written agreements in place guaranteeing Community GroundWorks' continued use of the forest? Perhaps the answers to these questions might persuade, but who knows? We have not had the opportunity to ask them.

If staring the conversation now delays their timeline, too bad. They should have had an open community process in the first place. I'm not sure I oppose this building--in my opinion, it's too tall and too close to the street but it could be worse. However, I do oppose the lack of community input. Process is everything. Sending around a nondescript flyer and getting on with one's plans does not suffice.

In short, it's the lack of community input and conversation bothers me most. That's not how we roll on the Northside of Madison.

Marge Pitts 3617 Harper Rd. Madison, WI 53704 608-249-2697