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AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC	5 W MAIN STREET				
YOUR NAME BINKOWSKI DA	ATE 214/125				
YOUR ADDRESS O EAST DOM STREET					
Please check the appropriate boxes:					
∑ Support □ Oppose	☐ Neither Support Nor Oppose				
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 question	ons				
At this meeting are you representing an organization or a person other (If you answered "no," STOP; you need not complete the rest of this form. If you are	nswered "yes," go on to the next questions.)				
Name, address and telephone number of each person or organization you are r	representing:				
Are you being paid for your representation?	☐ Yes You				
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PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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YOUR ADDRESS	AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC 25 W Main			
Please check the appropriate boxes: Support				
Support Wish to speak (3 min. limit) Do not wish to speak Do				
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Date 2-4-15 Signature Signature	County Building, Madison, for more information.)			
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC 25	W. Maily Street		
YOUR NAME All. Mile \	DATE_	2/4/13		
YOUR ADDRESS 614 W.	Daty Street, 4407			
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 a (If you answered "no," STOP; you need not	complete the rest of this form. If you answered	l "yes," go on to the next questions.)		
Name, address and telephone number of each tel	ach person or organization you are represe	nting:		
7 77 77 77 77 77 77 77 77 77 77 77 77 7				
Are you being paid for your representation?		Yes No		
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC 25 \wordsymbol v	MIN	72		
YOUR NAME MARK TO MUSICAN DATE 26	4 13			
YOUR ADDRESS 1509 NOS TALL DR VGR	enix			
Please check the appropriate boxes:				
Support	· Support I	Nor Oppose		
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wis	h to speak	(3 min. limit)		
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YOUR NAME DAVID VE	innth aid	<u>′</u> DATI	E 2-4	F-201	3
YOUR ADDRESS 1550 W	BERTEAL	CHICKGO	11		·
Please check the appropriate boxes:	•				
` ⊠ Support	□ Oppose		□ Neither	Support 1	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speal	k (3 min. limit)	☐ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish t	to speak	🗖 Do n	ot wish to	speak
Available to answer questions	☐ Available to	answer questions	☐ Avai	lable to ar	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or complete the rest of the	a person other tha	n yourself: red "yes," go	Yes on to the n	☐ No ext questions.)
Name, address and telephone number of e VALENO DEWAY 312/260/7300	ach person or organ	ization you are repressive for the second se	esenting: UKBAN	LAMO	Margo
- /				`~~~	
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