

Date: 6/25/13

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F.2

Name Jason Valerius

Address W Sunset Ct

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


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

Hoyt Park Area Joint Neighborhood Plan Steering Committee  
(ad hoc)

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 6/25/13

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. 1.2 30377

Name Anthony Lathrop  
Address McKinley St.  
Madison, WI 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

As indicated in the Hoyt Park Plan, Rocky Bluff Neighborhood Assn (RBNA) supports safe pedestrian transit but wishes to explore "pedestrian pathways" especially on Ridge Street, instead of traditional sidewalks. RBNA strongly agrees with the Plan's commitment to protecting mature trees for their aesthetic and environmental benefits. In particular, the unique and inviting character of tree-lined Ridge Street is important to protect.

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

Rocky Bluff Neighborhood Assn, Vice President  
rockybluffna@gmail.com

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 6/25/13

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. F.2.

Name Julianne Dwyer  
Address McKinley St.  
Madison, WI 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

*Specific concerns regarding a potential bike boulevard on Bluff St. in the Bluff Park Area Plan. The Steering Committee discussed support for safe bike transit but problems with Bluff St bike Blvd related to safety, visibility, and motor vehicle access in part of the neighborhood, including metro buses on the street and parking for Le Chateaux apartments*

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

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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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 6/25/2013

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. FZ 30377

Name GERALD CAMPBELL  
Address CAMELOT DR.  
MADISON, WI 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

AS A MEMBER OF Mt. OLIVE LUTHERAN CHURCH  
I AM CONCERNED THAT THE DRAFT HOYT PARK PLAN DOES NOT  
PROVIDE ENOUGH CREATIVE POSSIBILITIES FOR OUR  
PROPERTY AT 40181 MINERAL POINT RD.

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

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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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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 6/25/2013

Signature Gerald R. Campbell  
Print Name GERALD R. CAMPBELL



Date: 6/25/2013

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. F2

Name MICHAEL MARTIN

Address STEVENS STREET

MADISON, WI 53705

Please check the appropriate boxes:

- Support (with exception noted)
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Although I am in general support of the plan; I OPPOSE the sidewalk proposals on Ridge Street. I have lived at the intersection of Ridge and Stevens Street for over 22 years. I chose my house/street because I like the mature tree canopy and the feel of the street as is. I do not feel that this street requires a 6-FOOT-WIDE sidewalk on each side. This would be an engineering nightmare for many of the yards (including mine) on this street.

Name, address and telephone number of each person or organization you are representing: (over) —

I am a member of Rocky Bluff Neighborhood Assn,  
but I represent myself today

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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 question.)

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Date June 25, 2013

Signature



Print Name

MICHAEL MARTIN

(continued) -

I also do not feel the residents of this area had due representation in this Plan. That's why I have been attending these meetings.

I plead with you to walk the street and get a feel for the terrain and the character of the neighborhood.

Thank you -

Date: 6-25-13

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name ROBERT HANAN
Address 11011E ST
MADISON WI
53705

Agenda No. 12

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support Nor Oppose

- Wish to speak
Do not wish to speak
Available to answer questions (checked)

Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes

At this meeting are you representing an organization or a person other than yourself? Yes (checked) No (checked)
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

THE STEERING COMMITTEE SPENT SEVERAL MONTHS OF NEGOTIATION IN AN ATTEMPTING THIS PLAN PROJECT. I FEEL THE CITY PLAN NEEDS TO BE MADE FLEXIBLE ON THAT POLICE TO REPRESENT OUR WISHES. WE LIKE THE ANNUAL FEEL OF OUR AREA AND WOULD LIKE TO MAINTAIN THAT

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

ROCKY BLUFF NEIGHBORHOOD ASSOCIATION

Are you being paid for your representation? Yes No (checked)
Are you appearing as part of your other paid duties for this person or organization? Yes No (checked)
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

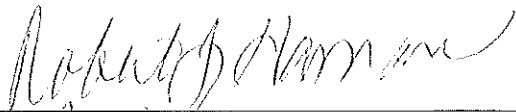
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Date 6-25-13

Signature   
Print Name ROBERT J HAMAN

Date: June 25, 2013

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Name Rick Voland

Address University Ave.  
Madison, WI 53726

Agenda No. \_\_\_\_\_

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I am concerned about new zoning restrictions on the  
Mount Olive properties at 4016-4018 Mineral Point Road

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

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_