

①

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC EAGLE HARBOUR

YOUR NAME MARK LANDGRAF DATE 1/14/13

YOUR ADDRESS 5964 EXECUTIVE DRIVE

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:

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 1/14/13 Signature [Handwritten Signature]

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

1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.  
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.
2. Public Hearing items may be called at any time after the beginning of the public hearing. The Plan Commission uses a consent agenda, which means that the Commission can consider any item at 6:00 p.m. where there are no registrants wishing to speak in opposition regardless of its placement on the agenda.
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.
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2

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor Apartments  
YOUR NAME Liz Osborn DATE 1-14-2013  
YOUR ADDRESS 3089 Hawks Haven Tr. DeForest, WI 53532

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 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:

CADENET

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 \_\_\_\_\_ Signature \_\_\_\_\_

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3

PLAN COMMISSION  
REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 28723 - MacArthur RD

YOUR NAME JOSH WILCOX DATE 1.14.13

YOUR ADDRESS 8401 EXCALIBUR DR 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:  
LOTTE REAL ESTATE Gary Brink - Architect

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?  
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Date 1/14/13 Signature [Signature]

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4

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd

YOUR NAME Kevin Page DATE \_\_\_\_\_

YOUR ADDRESS 1023 Williamson St #2

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:

Care Net Pregnancy Center, 1358 MacArthur Rd.

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 1/14/13 Signature 

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME John Kotzke DATE 1/14/13

YOUR ADDRESS 8 Fuller Ct

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 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:

Care net

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.  
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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 1/14/13 Signature [Signature]

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME JOHN LAMB DATE 1/14/2013

YOUR ADDRESS 3271 Lee South Ct. McFarland, WI. 53558

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

\_\_\_\_\_ SW. CAWDR. \_\_\_\_\_

Are you being paid for your representation?  Yes  No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC CARENET

YOUR NAME Doug Strub DATE 1-14-2013

YOUR ADDRESS 3263 Saracen Way Verona WI 53593

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:  
CARENET  
Meridian Group (management company)

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

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Date 1/14/13 Signature Doug Strub

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PLAN COMMISSION  
REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Rachele Carlson DATE 1/14/13

YOUR ADDRESS 4605 Odana Rd Madison WI 53714

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 |

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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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Date 1/14/13 Signature Rachele Carlson

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd.  
 YOUR NAME Martin Svensen DATE 1-14-2013  
 YOUR ADDRESS 1350 MacArthur Rd.

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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*(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://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 \_\_\_\_\_ Signature \_\_\_\_\_

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

1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.  
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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

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Julie Bennett - Center Director Care Net DATE \_\_\_\_\_

YOUR ADDRESS 5800 Juniper Ridge McFarland

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>               | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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:

Care Net Pregnancy Center of Dane County  
1350 North Hill Rd, Madison WI 53714

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 1/14/2013 Signature J Bennett

### 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. 4 SUBJECT/ADDRESS/TOPIC EAGLE HARBOR

YOUR NAME ANN FLYNN DATE \_\_\_\_\_

YOUR ADDRESS 360 W. Washington Ave #303, Madison  
53703

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:

---

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 1/14/2013 Signature Ann D. Flynn

### 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. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
 YOUR NAME Sheryl Strommen DATE 1-14-2013  
 YOUR ADDRESS 457 Bonnie Rd Cottage Grove, WI 53527

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:  
Kids Junction, 8084 Warts Rd Madison, WI  
1350 AM 53719

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 1-14-2013 Signature Sheryl Strommen

### 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. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_  
 YOUR NAME Breana Mitchell-Johnson DATE 1/14/13  
 YOUR ADDRESS 52 S. Gammon rd # G

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 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          |
| <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:

Cavenet 1350 MacArthur

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 1/14/13 Signature Breana Mitchell-Johnson

**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. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd  
YOUR NAME Heidi Jones DATE 1/14/2013  
YOUR ADDRESS 1353 MacArthur Rd

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 |

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:  
\_\_\_\_\_  
\_\_\_\_\_

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 1/14/2013 Signature Heidi Jones

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Road  
YOUR NAME Hilton Jones DATE 14 Jan 2013  
YOUR ADDRESS 1353 MacArthur Road

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 |

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:  
\_\_\_\_\_  
\_\_\_\_\_

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 14 Jan 2014 Signature 

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor

YOUR NAME Kay Gutzmaier DATE 11/12/12

YOUR ADDRESS 1441 MacArthur Rd

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 |

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:

Waukegan Neighborhood Assn. VP (not speaking on her own behalf)

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 11/14/12 Signature Kay Gutzmaier

### 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. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
 YOUR NAME MARY DIERICK DATE 1-14-13  
 YOUR ADDRESS 1361 MACARTHUR RD

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 |

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:

---

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?  
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Yes  No

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Date 1-14-13 Signature Mary Dierick

### 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. 4 SUBJECT/ADDRESS/TOPIC Bldg MacArthur Rd  
 YOUR NAME CRANG YAPP DATE 1-14-13  
 YOUR ADDRESS 1212 Juniper Avenue, MADISON, WI

Please check the appropriate boxes:

<input type="checkbox"/> Support	<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Neither Support Nor Oppose
<input checked="" 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

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 being paid for your representation?  Yes  No

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*(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 \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
 YOUR NAME Pat Gray DATE 1-14-13  
 YOUR ADDRESS 3921 Sycamore Ave

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>                | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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     |

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 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 1-14-13 Signature Pat Gray

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
YOUR NAME Sean Phillips DATE 1-14-13  
YOUR ADDRESS 3814 Sycamore Ave

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 |

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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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

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Date \_\_\_\_\_ Signature \_\_\_\_\_

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC MacArthur Rd  
YOUR NAME Diane Griffin DATE 1-14-13  
YOUR ADDRESS 1369 MacArthur Rd

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 |

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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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

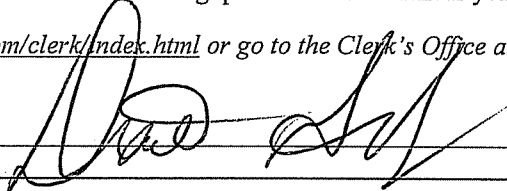
Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date \_\_\_\_\_ Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_  
 YOUR NAME Lesleen Mc Carville DATE 1/14/13  
 YOUR ADDRESS 3822 Sycamore Ave. 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 checked="" 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:

---

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

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 (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 1/14/13 Signature Lesleen M. Mc Carville

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LAST

PLAN COMMISSION  
REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MACARTHUR RD

YOUR NAME JOE CHAUSKUS DATE 1/14/13

YOUR ADDRESS DEPT. 18 CHARENDON CO

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                     |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> Available to answer questions |

HAS ANY ONE SPEAK  
YET

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:

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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238

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Care Net

YOUR NAME Sue Gruen DATE 1/14/2013

YOUR ADDRESS 518 Walnut Grove Drive

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:

Are you being paid for your representation?  Yes  No

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If you answered "yes," please continue.)  Yes  No

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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 1/14/2013 Signature Suzanne R. Larson LCSW

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Former Director Elizabeth House



**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Joe T. Oby DATE 1/14/13

YOUR ADDRESS 1313 Wayridge Drive, Madison, WI 53704

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:

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 1/14/13

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. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Keystan Williams-Oby DATE 1-14-13

YOUR ADDRESS 1313 Wayridge Drive Madison, WI 53704

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:  
Care Not Pregnancy Center - Eagle Harbor Apartments  
1350 McArthur Road, Madison, WI 53704

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 1-14-13 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
 YOUR NAME Paulite Drozdowicz DATE 1/14/2013  
 YOUR ADDRESS 1210 Frisco Rd

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

---

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 \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Care Net/Eagle Harbor Apartments

YOUR NAME Edith Hines DATE 1/14/13

YOUR ADDRESS 2231 Woodview Ct. #30, Madison

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

Care Net

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 1/14/13

Signature Edith E. Hines

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
 YOUR NAME Jaime Farkas DATE 1/14/13  
 YOUR ADDRESS 229 Coach House Dr

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you being paid for your representation?  Yes  No

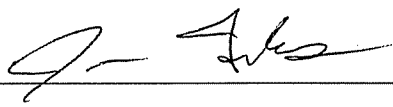
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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor

YOUR NAME Josh Farkas DATE 1/14/13

YOUR ADDRESS 229 Coach House Dr.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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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\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

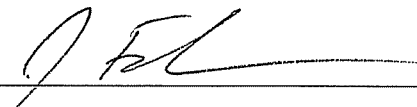
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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC EAGLE HARBOR

YOUR NAME LORIAN GIBSON DATE 1/14/13

YOUR ADDRESS 2801 SHEFFORD DR. MADISON, W

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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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Are you being paid for your representation?  Yes  No

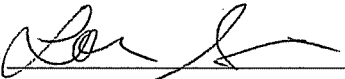
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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
YOUR NAME DAVID GIBSON DATE 1/14/13  
YOUR ADDRESS 2801 Shefford Dr.

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

CARE NET

Are you being paid for your representation?  Yes  No

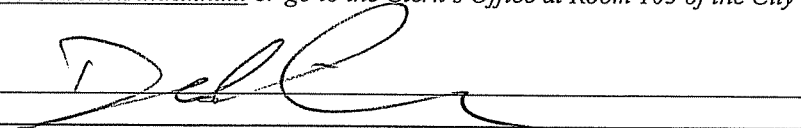
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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME CATHERINE COYLE DATE 1/14/2013

YOUR ADDRESS 1350 McArthur, MADISON, WI 53704

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:

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?  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 questions.)

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Date \_\_\_\_\_ 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. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
 YOUR NAME ANNE GRUSSENBACH DATE Jan 17<sup>th</sup>  
 YOUR ADDRESS 6006 N. NIGHTCANDS AVE

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 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:

---

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.)*

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Kevin L. Brown DATE 1-14-2013

YOUR ADDRESS 1350 MacArthur Rd. Madison, WI. 53714

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                  | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

---

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

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Date 1-14-2013 Signature Kevin L. Brown

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Kinda Brown DATE 1-14-2013

YOUR ADDRESS 1350 MacArthur Rd Madison WI 53714

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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 1-14-2013 Signature Kinda Brown

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PLAN COMMISSION  
REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_  
YOUR NAME Alissa Walsh DATE 1/14/13  
YOUR ADDRESS 1350 MacArthur Rd

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          |
| <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:  
CareNet 1350 MacArthur Rd Madison, WI

Are you being paid for your representation?  Yes  No

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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 1/14/13 Signature Alissa Walsh

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbour

YOUR NAME Jeff Andes DATE 1/14/13

YOUR ADDRESS 2. N. Burberry Apt 1033 Madison WI 53719

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
YOUR NAME Bobi Jo Andes DATE 01/14/2013  
YOUR ADDRESS 2 N. Burberry Dr. #1033 Madison, WI. 53719

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

---

---

Are you being paid for your representation?  Yes  No

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If you answered "yes," please continue.)  Yes  No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor Apartments  
YOUR NAME Melanie Guest DATE 1-14-13  
YOUR ADDRESS 9 Beaumont Circle Madison, WI 53714

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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  
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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?  
(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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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  
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Date 1-14-13 Signature M Guest

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_  
YOUR NAME Mary Jane Kelley DATE 1-14-13  
YOUR ADDRESS 301 Belmont Rd.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:  
\_\_\_\_\_  
\_\_\_\_\_

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 1-14-13 Signature Mary Jane Kelley

**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. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Ronald W. Kelley DATE \_\_\_\_\_

YOUR ADDRESS 301 Belmont Rd Madison, WI 53714-8132

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

\_\_\_\_\_

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

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(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 1/14/13 Signature Ronald W. Kelley

### 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. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
YOUR NAME Bryan Petersen DATE 1/4/13  
YOUR ADDRESS 801 Eagle Crest Dr. Madison WI 53704

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

---

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  
(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.)

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor

YOUR NAME Daniel Olsen DATE 1-14-13

YOUR ADDRESS 7632 Hidda Savannah Ct. Verona, WI 53593

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:  
Care Net 1350 Mac Arthur Rd Madison, WI 53714

Are you being paid for your representation?  Yes  No

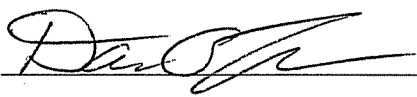
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*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*  Yes  No

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Date 1-14-13 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC EAGLE HARBOR  
 YOUR NAME MIKE ROGOWSKI DATE 1-14-13  
 YOUR ADDRESS 5850 SCARLET DRIVE, FITCHBURG, 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 checked="" 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:  
CARE NET 1350 MACARTHUR RD MADISON, WI 53714

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 1-14-13 Signature Mike Rogowski

### 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. H SUBJECT/ADDRESS/TOPIC Eagle Harbor  
YOUR NAME Tanis Jean-Louis DATE 01/14/2013  
YOUR ADDRESS 2817 Irvington Way

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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  
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Name, address and telephone number of each person or organization you are representing:  
Carenet 1350 MacArthur Rd Madison 53714

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 01/14/2013 Signature 

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC CareNet Building  
 YOUR NAME Theresa Donkhammer DATE 1/14/2013  
 YOUR ADDRESS 7409 Old Sauk Rd, Apt 2

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

---

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

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*(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 \_\_\_\_\_ Signature \_\_\_\_\_

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PLAN COMMISSION  
REGISTRATION FORM

#4 Eagle Harbor

AGENDA ITEM NO. 28723 SUBJECT/ADDRESS/TOPIC me Arthur Rd Apartments + Day Care

YOUR NAME Judith A Beedeony DATE 1-14-13

YOUR ADDRESS 6 Darton Circle Madison 53704

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:

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

(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.)

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Date 1-14-13

Signature

Judith A Beedeony

**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. 4 SUBJECT/ADDRESS/TOPIC 1360 ~~W~~ MacArthur Rd  
 YOUR NAME Kenton Sorenson DATE 1/14/13  
 YOUR ADDRESS 1350 MacArthur Road

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          |
| <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:

---

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 \_\_\_\_\_ 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. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd  
YOUR NAME Rhonda Thompson DATE 1/14/12  
YOUR ADDRESS 1350 MacArthur Rd Madison, WI 53714

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

---

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.)*

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Greg Dombrowski DATE 1/14/13

YOUR ADDRESS 1201 Middle Hill Dr, 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  
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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

Are you appearing as part of your other paid duties for this person or organization?

Yes

No

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Yes

No

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Date 1/14/13 Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd  
YOUR NAME Dennis Banks DATE 1/14/13  
YOUR ADDRESS 4330 ~~#~~ Nahoesa trail

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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  
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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?  Yes  No  
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Date 1/14/13 Signature Dennis Banks

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor Apartments  
YOUR NAME Emily McClenagan DATE \_\_\_\_\_  
YOUR ADDRESS 1350 MacArthur Rd, Madison, WI

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  
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Yes

No

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If you answered "yes," please continue.)

Yes

No

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Yes

No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd  
 YOUR NAME Camille DeBiasio DATE 1/14/13  
 YOUR ADDRESS 1350 MacArthur - Care Net (Volunteer)

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
 YOUR NAME McKenzie Merkle DATE 1/14/12  
 YOUR ADDRESS 1350 MacArthur 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 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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Name, address and telephone number of each person or organization you are representing:

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Cheryl DiFonzo DATE \_\_\_\_\_

YOUR ADDRESS 2655 Sylvan Ridge Ln Sun Prairie, WI

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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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\_\_\_\_\_

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 1/14/13 Signature Cheryl DiFonzo

**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. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd.  
 YOUR NAME Sheila Eichorst DATE 1/14/13  
 YOUR ADDRESS 1350 MacArthur Rd.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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:

---

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 \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd, Madison, WI  
 YOUR NAME Christine Manton DATE 1/14/13  
 YOUR ADDRESS 1016 Riverview Drive, Stoughton, WI

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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 being paid for your representation?  Yes  No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 Mac Arthur Rd  
 YOUR NAME Colleen Olsen DATE 1/14/13  
 YOUR ADDRESS 213 Acedwood BLVD, Madison WI  
53714

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          |
| <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  
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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MACARTHUR ROAD  
 YOUR NAME JOHN M. HOWE DATE 1-14-13  
 YOUR ADDRESS 2778 FLORENCE DR. FITCHBURG, VT 53711

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>       | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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  
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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME JIM GOVIER DATE 1-14-2013

YOUR ADDRESS 6216 RENEZ CR McFARLAND

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                  | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. #4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_  
YOUR NAME Peggy Gouica DATE 1/14/12  
YOUR ADDRESS 6216 Rence Ct

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                  | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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              |
| <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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\_\_\_\_\_

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Date 1/14/12 Signature \_\_\_\_\_

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18  
**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Apt building/MacArthur Rd  
YOUR NAME Steve Hauge DATE 1-14-13  
YOUR ADDRESS 3813 Sycamore Ave

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 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 checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak          |
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Date 1-14-13 Signature Steve Hauge

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 28723 Apt BLDG at 1360  
 YOUR NAME Ang M Lagolia DATE 1/14/13 MacArthur Rd  
 YOUR ADDRESS 2917 Sycamore Ave

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 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 checked="" 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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Date 1-14-13 Signature Ang M Lagolia

### 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. 4 SUBJECT/ADDRESS/TOPIC Cagle Harbor  
YOUR NAME Joann Nichols DATE 1-14/2013  
YOUR ADDRESS 7298 Old Sank Rd

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>        | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 checked="" 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:

---

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?  
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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 Jan 14, 2013 Signature Joann Nichols

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4-28723 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd REZONING

YOUR NAME Mary Jo Ulschmid DATE 1-14-13

YOUR ADDRESS 1361 MacArthur Rd

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                   | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 checked="" 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:

---

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 \_\_\_\_\_ Signature \_\_\_\_\_

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PLAN COMMISSION  
REGISTRATION FORM

AGENDA ITEM NO. 4 2870 SUBJECT/ADDRESS/TOPIC 1360 MACARTHUR RD  
YOUR NAME MARYLEE UBSCHMID DATE 1/14/13  
YOUR ADDRESS \_\_\_\_\_

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 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 checked="" 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:  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd

YOUR NAME Jeanne YAPP DATE 1-14-13

YOUR ADDRESS 1212 Juniper Avenue Madison, WI

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

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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

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.)

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Yes

No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
 YOUR NAME Jami Phillips DATE 1/14/13  
 YOUR ADDRESS 3814 Sycamore Ave

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 checked="" 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 |

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 136 MacArthur Rd

YOUR NAME MARY LARSON DATE 1-14-13

YOUR ADDRESS 1223 Jennifer Dr

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>        | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 checked="" 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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Date 1-14-13 Signature Mary Larson

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur Rd  
YOUR NAME Sonja & Don Fjelstad DATE 1-14-2013  
YOUR ADDRESS 1409 MacArthur Rd.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>        | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 checked="" 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  
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Name, address and telephone number of each person or organization you are representing:

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Date 1-14-2013 Signature Sonja Fjelstad

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PLAN COMMISSION  
REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 1360 MacArthur AR  
YOUR NAME MaryAnn Lindh DATE 1/14/13  
YOUR ADDRESS 1209 Juniper

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 checked="" 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  
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\_\_\_\_\_

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If you answered "yes," please continue.)  Yes  No

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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 1/14/13 Signature MaryAnn Lindh

**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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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Alex Zahote DATE \_\_\_\_\_

YOUR ADDRESS 1361 MacArthur Rd MADISON WI 53714

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                   | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 checked="" 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:  
Hilton

Are you being paid for your representation?  Yes  No

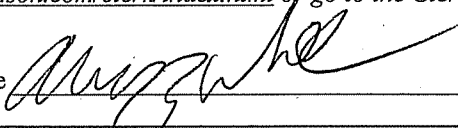
Are you appearing as part of your other paid duties for this person or organization?  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)*  Yes  No

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 1-15-13 Signature 

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC 28723 1360 MacArthur Rd

YOUR NAME Wendy Gregg DATE 1/14/13

YOUR ADDRESS 3917 Sycamore Ave

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:

\_\_\_\_\_

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

(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.)

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Date 1-14-13 Signature Wendy Gregg

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC rezoning 1360 MacArthur Rd  
YOUR NAME Kathryn Schweler DATE 1.14.13  
YOUR ADDRESS 1326 MacArthur Rd, Madison WI 53714

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 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 checked="" 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:

---

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.)*

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Eagle Harbor  
YOUR NAME Carroll Gray DATE 1-14-13  
YOUR ADDRESS 3921 Sycamore Ave

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>        | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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 checked="" 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:

---

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 1-14-13 Signature Carroll Gray

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC MacArthur Rd, Madison  
 YOUR NAME Wayne Lander DATE 1-14-13  
 YOUR ADDRESS 390 E Sycamore Ave, 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 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 checked="" 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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Date 1-14-13 Signature Wayne Lander

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Mac Arthur Rd, Madison  
 YOUR NAME Rita Lander DATE 1-14-13  
 YOUR ADDRESS 3906 Sycamore Ave Madison, 53714

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 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 checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak          |
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Date 1-14-13 Signature Rita Lander

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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