

7
**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 5528 SUBJECT/ADDRESS/TOPIC Triangle Monona Bay Plan
YOUR NAME James Corona DATE June 24 2019
YOUR ADDRESS 523 Bayview

Please check the appropriate boxes:

- Support** *Wish to speak* **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?
(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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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.

(Please go to the City Clerk's website 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 6/24/19 Signature James Corona

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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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 7 SUBJECT/ADDRESS/TOPIC TMB Plan
 YOUR NAME Mary Bernyman Agard DATE 6.24.19
 YOUR ADDRESS 133 S. Bri Hingham Pl

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support <i>oppose one item</i> | <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:
Bayview Foundation Triangle Mdsn
53715

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
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Date 6.24.19 Signature Mary Bernyman Agard

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PLAN COMMISSION
REGISTRATION FORM

7

AGENDA ITEM NO. 5528 SUBJECT/ADDRESS/TOPIC Triangle Monona Bay Plan

YOUR NAME Yang Cha DATE 6/24/19

YOUR ADDRESS 408 Bayview

Please check the appropriate boxes:

- Support *Wish to speak* 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

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Date 6/24/19 Signature [Signature]

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 5520 SUBJECT/ADDRESS/TOPIC TMB Neighborhood Plan
YOUR NAME Alexis London DATE 6/24/19
YOUR ADDRESS Brynar 1825 Melrose St.

Please check the appropriate boxes:

- | | | |
|--|--|--|
| <input checked="" 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 |

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 7 SUBJECT/ADDRESS/TOPIC Monona Bay Triangle
 YOUR NAME CURT BRINK DATE 6-24-09
 YOUR ADDRESS 701 E Washing Ave

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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