

**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 5430 LAKE MENUDOTA DR.  
YOUR NAME SCOTT POULSEN DATE 7-9-12  
YOUR ADDRESS 4860 PINE SPRING 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 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:

MIKE & MARY SCHLADERT

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.)

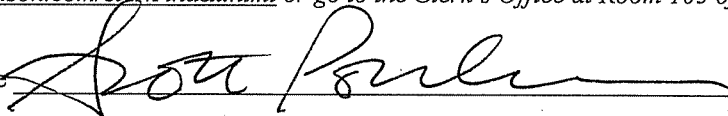
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Date 7-9-12

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.
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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.
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PLAN COMMISSION  
REGISTRATION FORM

1410

AGENDA ITEM NO. 26930 SUBJECT/ADDRESS/TOPIC 5430 Lake Mendota Dr.

YOUR NAME Mike Schlageter DATE 7/9/11

YOUR ADDRESS 3286 Fernside Rd. Verona, WI 53583

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 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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Date 7/9/11 Signature [Signature]

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PLAN COMMISSION  
REGISTRATION FORM

or #10

AGENDA ITEM NO. 26930 SUBJECT/ADDRESS/TOPIC 5430 Lake Mendota Dr.

YOUR NAME ~~MIKE~~ MARY Schlageter DATE 7/9/12

YOUR ADDRESS 3286 Fernglade Rd. Verona

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 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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Date 7/9/12 Signature Mary Schlageter

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. #10 SUBJECT/ADDRESS/TOPIC 5430 L.M. DRIVE  
 YOUR NAME JOHN WIENCEK DATE 7/9/12  
 YOUR ADDRESS 5426 L. MENDOZA DR MEN

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)      |
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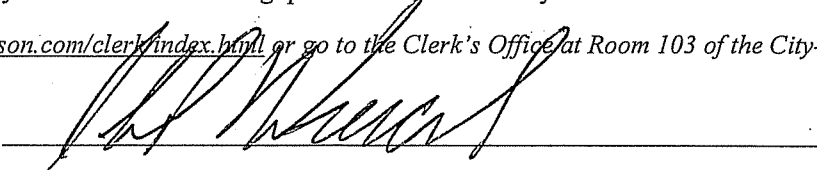
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