

APPLICANT,  
REP. HOMES ASSOC.

PLAN COMMISSION  
REGISTRATION FORM

AGENDA ITEM NO. 16 SUBJECT/ADDRESS/TOPIC Deer Creek Zoning Change

YOUR NAME ED PAZDZIOSA DATE 5/20/13

YOUR ADDRESS 10 Whitefish CT MADISON WI 53718

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

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 5/20/13 Signature 

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

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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**

AGENDA ITEM NO. 16 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Scott F. Fisker DATE 5/20/2013

YOUR ADDRESS 1 Whitefish Ct. Madison, WI 53718

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     |

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\_\_\_\_\_

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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 5/20/2013 Signature Scott Fisker

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 160 SUBJECT/ADDRESS/TOPIC Proposed PD-SIP Alteration  
 YOUR NAME Maria Montello DATE 5-20-13  
 YOUR ADDRESS 525 Highcliff Trl. Madison 53718

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 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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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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*(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 5-20-13 Signature M. Montello

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 16 SUBJECT/ADDRESS/TOPIC Box Creek  
 YOUR NAME Marsha Johnson DATE 5-20-13  
 YOUR ADDRESS 6406 Mill Bluff Dr

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 |

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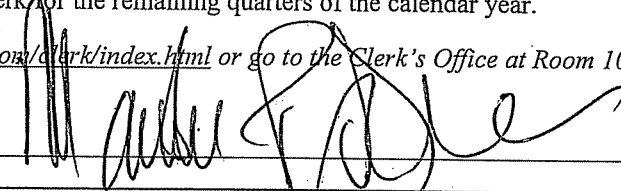
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Date 5-20-13 Signature 

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 16 SUBJECT/ADDRESS/TOPIC Proposed Pd-Sub Division  
 YOUR NAME Julia Wooster DATE 5/20/13  
 YOUR ADDRESS 6831 Bluff Point Drive

Please check the appropriate boxes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 | <input checked="" 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 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 type="checkbox"/> Available to answer questions                |

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Date 5/20/13 Signature Julia Wooster

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 110 SUBJECT/ADDRESS/TOPIC rezoning (POD)  
 YOUR NAME Lauren Crane DATE 8-20-13  
 YOUR ADDRESS 5218 Keyway Trce

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 type="checkbox"/> Available to answer questions           |

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Date 8-20-13 Signature Lauren Crane

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