

## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 7 SUBJECT/ADDRESS/TOPIC Downtown Plan  
 YOUR NAME Delora Newton DATE 6/18/12  
 YOUR ADDRESS 615 E Washington Ave 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:

Greater Madison Chamber of Commerce  
615 E Washington Ave Madison 53703

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 6/18/12 Signature [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

AGENDA ITEM NO. 7 SUBJECT/ADDRESS/TOPIC Downtown Plan  
 YOUR NAME Carole Schaeffer DATE 6-18-12  
 YOUR ADDRESS 282 Apina Meadow Cir Oregon 97575

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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Smart growth creates madison

Are you being paid for your representation?  Yes  No

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Date 6-18-12 Signature 

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7  
**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 24766 SUBJECT/ADDRESS/TOPIC Downtown Plan  
YOUR NAME Gary L. Peterson DATE June 18, 2012  
YOUR ADDRESS 110 Marinette Trail

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:

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

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. #7 SUBJECT/ADDRESS/TOPIC DT Plan  
 YOUR NAME Susan Schmitz DATE 6-18-12  
 YOUR ADDRESS 210 Marinette Tr.

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 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:

DM  
122 W. Wash.

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 6-18-12 Signature Susan Schmitz

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 7 SUBJECT/ADDRESS/TOPIC Downtown Plan  
YOUR NAME PETER OSTLUND DATE 6-18-12  
YOUR ADDRESS 533 W. Main St

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

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Are you being paid for your representation?

Yes

No

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Yes

No

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Yes

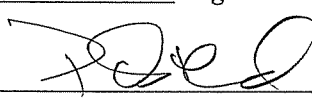
No

(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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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 7 SUBJECT/ADDRESS/TOPIC Downtown Plan

YOUR NAME Ald. Mike Verveer DATE 6/18/12

YOUR ADDRESS 614 W. Doty Street, #407

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:  
4th Aldermanic District

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Are you being paid for your representation?  Yes  No

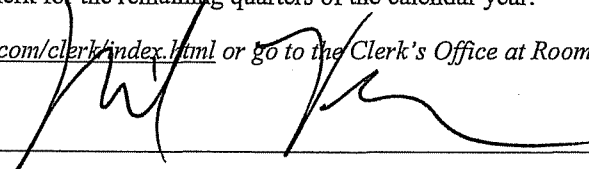
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**PLAN COMMISSION  
REGISTRATION FORM**

7

AGENDA ITEM NO. 24468 SUBJECT/ADDRESS/TOPIC DOWNTOWN PLAN  
 YOUR NAME LARRY E. LICHTER DATE June 18, 2012  
 YOUR ADDRESS 125 WEST MAIN ST

Please check the appropriate boxes:  HEIGHT SETBACK RESTRICTIONS IN  
 Support  Oppose DOWNTOWN PLAN  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:  
 \_\_\_\_\_  
 \_\_\_\_\_

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Date 6-18-12 Signature Larry E. Lichte

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