

PLAN COMMISSION
REGISTRATION FORM

Speak
@ next meeting

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC MOORLAND
YOUR NAME Laura K Paglusch DATE 9-12-12
YOUR ADDRESS 114 Moorland Rd Madison

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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(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 9-12-12 Signature Laura K Paglusch

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

SPEAK - PUBLIC
HEARING

@ Next Meeting

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC NOB HILL APARTMENTS

YOUR NAME Lisa Freitag DATE 9-12-12

YOUR ADDRESS 1038 Moorland Rd. #202 Madison WI 53713

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 9-12-12 Signature Lisa Freitag

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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Spoke

PLAN COMMISSION
REGISTRATION FORM

SPEAK #1
(ZILBER VP)

AGENDA ITEM NO. #11 SUBJECT/ADDRESS/TOPIC NOB HILL APARTMENTS

YOUR NAME MIKE MERVIS DATE 9-12-12

YOUR ADDRESS 710 N. PLANKINTON, MILWAUKEE, WI

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:
ZILBER, LTD.

Are you being paid for your representation? Yes No

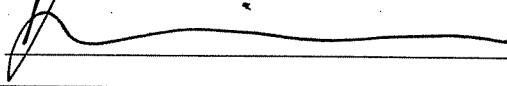
Are you appearing as part of your other paid duties for this person or organization?
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)
 Yes No

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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 9-12-12 Signature 

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION
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Spoke

PLAN COMMISSION REGISTRATION FORM

SPEAK #2
(ARCHITECT)

AGENDA ITEM NO. #11 SUBJECT/ADDRESS/TOPIC ARCHITECT FOR PROJECT
 YOUR NAME JONATHAN BRINKLEY DATE 9-12-12 NOB HILL APARTMENTS
 YOUR ADDRESS 229 E. DIVISION ST., FOND DU LAC, WI

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:

NOB HILL APARTMENTS, LLC

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 9-12-12 Signature 

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

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Speake

PLAN COMMISSION
REGISTRATION FORM

SPEAK #3
(MANAGEMENT COMPANY)

AGENDA ITEM NO. #11 SUBJECT/ADDRESS/TOPIC

YOUR NAME Dwayne Pohl DATE 9-12-12

YOUR ADDRESS 5218 Ridge Oak Dr, 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:

NOB HILL APARTMENTS, LLC

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 9-12-12 Signature 

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Spoke

PLAN COMMISSION
REGISTRATION FORM

SPEAK #4
(ZILBER FOUNDATION)

AGENDA ITEM NO. #11 SUBJECT/ADDRESS/TOPIC NOB HILL APARTMENTS

YOUR NAME TERRELL WALTER DATE 9-12-12

YOUR ADDRESS 710 N. PLANKINTON, MILWAUKEE

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:

ROYAL CAPITAL GROUP

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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Spoke

PLAN COMMISSION
REGISTRATION FORM

SPEAK #5
(ROYAL CAPITAL PRESIDENT)

AGENDA ITEM NO. #11 SUBJECT/ADDRESS/TOPIC NOB HILL APARTMENTS

YOUR NAME KEVIN NEWELL DATE 9-12-12

YOUR ADDRESS 710 N. PLANKINTON AVE, MILWAUKEE, WI

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:

ROYAL CAPITAL GROUP

Are you being paid for your representation? Yes No

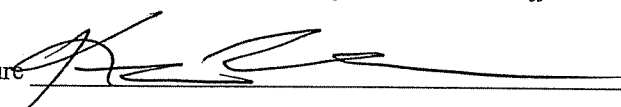
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Date 9-12-12 Signature 

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Spoke

PLAN COMMISSION
REGISTRATION FORM

SPEAK #6
(ZILBER CEO)

AGENDA ITEM NO. #11 SUBJECT/ADDRESS/TOPIC NOB HILL APARTMENTS

YOUR NAME JIM BORRIS DATE 9-12-12

YOUR ADDRESS 710 N. PLANKINTON, MILWAUKEE, WI

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:

ZILBER, LTD.

Are you being paid for your representation? Yes No

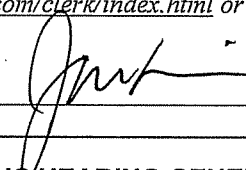
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9/12/12

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC Nob Hill

YOUR NAME Patrick Gallagher DATE 9/12/12

YOUR ADDRESS 3601 N. Hackett Ave, Shorewood

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 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:
Nob Hill Apartments, Seller

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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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 9/12/12 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.
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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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Spoke

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC MOORLAND

YOUR NAME Teresa Burkeland DATE 9-12-12

YOUR ADDRESS 1110 Moorland Rd. #8 Madison, WI. 53713

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:
NOB Hill Apartments 251-6500

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 9-12-12 Signature Teresa Burkeland

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

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Spoke

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC 1108 MOORLAND RD
 YOUR NAME IVAN CYARS DATE 9/12/12
 YOUR ADDRESS 1108 MOORLAND RD. #8, MADISON, WI 53713

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 9/12/12 Signature 

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

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Spoke

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC MOORLAND

YOUR NAME Sheltie Pierce DATE _____

YOUR ADDRESS 1108 Moorland Rd #214 Madison, WI 53713

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 Sept 12, 2012 Signature 

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

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Spoke

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. (11) SUBJECT/ADDRESS/TOPIC MOORLAND
 YOUR NAME Renee Green DATE 9-12-2012
 YOUR ADDRESS 1106 Moorland P.O. 211

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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(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 9-12-2012 Signature Renee Green

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

(11)

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC 1108 Moorland
 YOUR NAME ALAN BROWN DATE _____
 YOUR ADDRESS 3310 Key Bank

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

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Date _____ Signature _____

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 11 SUBJECT/ADDRESS/TOPIC MOORLAND ROAD CONDITIONAL USE

YOUR NAME NATALIE ERDMAN DATE _____

YOUR ADDRESS 215 MARTIN LUTHER KING JR BLVD

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 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 |

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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(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 9.12.12 Signature Natalie Erdman

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. (11) SUBJECT/ADDRESS/TOPIC MOORLAND Planned Commission Agenda
YOUR NAME Elvis Green DATE 9-12-12
YOUR ADDRESS 1114 MOORLAND RD #108

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 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 checked="" 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
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Date 9-12-12 Signature Elvis Green

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. (11) SUBJECT/ADDRESS/TOPIC 1108 MOORLAND
 YOUR NAME Captain Joe Ball DATE 9/12/12
 YOUR ADDRESS 825 Hughes Pl, 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 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
(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 9/12/12 Signature J. Ball

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.
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.