DAN WOULD LIKE TO

SPEAK IMMEDIATELY PLAN COMMISSION
BEFORE PRIMER TAN) REGISTRATION FORM

REGISTRATION FORM

AGENDA ITEM NO. 20 SUBJECT/ADDRESS/TOPIC 4 LAKES DISTRICT					
YOUR NAME DAVIEL BROWN DATE					
YOUR ADDRESS 4002 EVAN ACRES MADISON					
Please cheek the appropriate boxes:					
☐ Support	□ Oppose □	Neither S	Support N	or Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)			3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	t wish to s	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to ans	wer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of				No rt questions.)	
Name, address and telephone number of ea	ch person or organization you are represe	enting:			
A					
Are you being paid for your representation?					
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.)					
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.)					
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Date 6/10/19 Signature					

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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FI'D UKE TO SPEAK T PLAN COMMISSION PLAN COMMISSION

REGISTRATION FORM

AGENDA ITEM NO. 20 SU	BJECT/ADDRESS/TOPIC FOUR_ UP	MES	DISTRICT		
YOUR NAME PETER TAN	DATE 6,	10/20	719		
YOUR ADDRESS 69 848	WOODNON ST. MADISON W	11537	'11		
Please check the appropriate boxes:					
✓ Support	□ Oppose □ Neither	Support	Nor Oppose		
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit) ☐ Wish	h to speak	(3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak ☐ Do n	not wish to	o speak		
☐ Available to answer questions	☐ Available to answer questions ☐ Available	ilable to a	nswer questions		
	an organization or a person other than yourself: complete the rest of this form. If you answered "yes," go		No next questions.)		
Name, address and telephone number of ea	ach person or organization you are representing:				
Are you being paid for your representation?					
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of this form.	Yes	□ No		
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form except "no" to the question, go on to the next questions.)	☐ Yes	□ No		
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Chalana Chi botto					
Date 6/10/10/9	Signature / Autorian				

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AGENDA ITEM NO. 20 SUBJECT/ADDRESS/TOPIC Support, GDP				
YOUR NAME Wee	DAT	E 6/10/19		
YOUR ADDRESS 4002	Evon acres Rad			
Please check the appropriate boxes:				
Support	☐ Oppose	☐ Neither Support I	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 an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of each	complete the rest of this form. If you answe	ered "yes," go on to the ne	□ No ext questions.)	
Are you being paid for your representation?		☐ Yes	D No	
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest o	f this form.	No No	
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	rm except	,⊒ No	
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AGENDA ITEM NO. 20 SU	BJECT/ADDRESS/TOPIC GDF				
YOUR NAME / hanita M	ISSU Traces DATE	611012019			
YOUR ADDRESS 4002 EV ON	Acres Rd. Madison	WI 53718			
Please check the appropriate boxes:					
□ Support	□ 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 a (If you answered "no," STOP; you need not of					
Name, address and telephone number of ea	nch person or organization you are represe	nting:			
		Dy Di			
Are you being paid for your representation?		Yes No			
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GENDA ITEM NO. 20 SUBJECT/ADDRESS/TOPIC 3802 4602 MILLAND 4				
OUR NAME BUL PONCOS DATE 6/10/19				
OUR NAME BUL DUDLOS DATE 6/10/19 OUR ADDRESS 161 HORIZON DR. VERLONA WI 53593				
ease 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				
t this meeting are you representing an organization or a person other than yourself: \(\sigma\) Yes \(\sigma\) No fyou answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)				
ame, address and telephone number of each person or organization you are representing: 60 ANN NATURE (IGP POPOSSUM SERVICE) EXILER				
be could be the coop provided soldies.				
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#20

AGENDA ITEM NO. 55573 SUBJECT/ADDRESS/TOPIC Creating Section 28022-00					
YOUR NAME Ly & Board DATE 10-10-19					
YOUR ADDRESS 138 DUISTON ST, # (Madison W) 53704					
Please check the appropriate boxes:	,				
⊠ Support [□ Oppose □	Neither S	upport No	r Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish t	to speak (3	min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not	t wish to sp	eak	
Available to answer questions	☐ Available to answer questions	☐ Availa	ble to ansv	ver questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answered	d "yes," go o		☑ No questions.)	
Name, address and telephone number of ea	ich person or organization you are represe	nting:			
Are you being paid for your representation?			☐ Yes	□ No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of the		☐ Yes	□ No	
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AGENDA ITEM NO. ZO SU	BJECT/ADDRESS/TOPIC 4	ag bigh	EXT		
YOUR NAME Service Chambers DATE La Long					
YOUR ADDRESS DEZ & N	Preny Rd Blu	e Mon	udo, WI		
Please check the appropriate boxes:					
D Support	□ Oppose □ N	Neither Support N	or 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 ans	swer questions		
	an organization or a person other than ye complete the rest of this form. If you answered		☐ No xt questions.)		
Name, address and telephone number of each	ach person or organization you are represent	ting:			
Horchark Camina	3				
1 : :16			Mar		
Are you being paid for your representation?		☐ Yes	No No		
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AGENDA ITEM NO. 20 SUBJECT/ADDRESS/TOPIC 4 LAKES DISTRICT				
YOUR NAME MIKE SCARMON DATE 6 10 19				
YOUR ADDRESS ZO GARL	ILED AVE EVANEVILL	E WI 535	76	
Please check the appropriate boxes:				
Support	□ Oppose □	Neither Support N	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 an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other than complete the rest of this form. If you answere	yourself: Yes d "yes," go on to the ne	☐ No ext questions.)	
Name, address and telephone number of ea	ch person or organization you are represe	enting:		
Are you being paid for your representation?		Yes	□ No	
Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? S. STOP. You need not complete the rest of the	his form.	□ No	
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Millord Rd					
YOUR NAME Costal D Mundt DATE 10 June 19					
YOUR ADDRESS WOOD W	ill Sand Rd	<u>Karama</u>			
Please check the appropriate boxes:					
Support	□ Oppose [☐ Neither S	upport I	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish t	to speak	(3 min. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do no	t wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of				☐ No ext questions.)	
Name, address and telephone number of ea	ch person or organization you are repre	senting:			
Are you being paid for your representation?			☐ Yes	No	
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AGENDA ITEM NO. 2℃ SU		Hunk	Butter But	
YOUR NAME VIRGIL W. SCHULENBURG DATE 10 JUNE 2019				
YOUR ADDRESS 6300 MILL POND RD MADISON, WI 5-3718				
Please check the appropriate boxes:				
Support	□ Oppose □	Neither Suppo	ort Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spe	eak (3 min. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	h to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available t	o answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of				
Name, address and telephone number of ea	ch person or organization you are represe	enting:		
Are you being paid for your representation?		□ Ye	es Di No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)		his form.	es M . No	
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	ody? • You need not complete the rest of this form	□ Ye except	es D No	
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.				
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/clefk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 10 June 2019 Signature				
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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.