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Please check the appropriate boxes: Support	YOUR NAME TOR MANTINO DATE 1/27/20			
□ Support □ Oppose □ Neither Support Nor Oppose □ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not wish to speak □ D	YOUR ADDRESS 26 N. HANCOCK ST MAD 150 N			
Wish to speak (3 min. limit)	Please check the appropriate boxes:			
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AGENDA ITEM NO.	SUBJECT/ADDRESS/TO	OPIC (V HALVEO	
YOUR NAME are	Mura Kami	DATE	Jan Lt 2	070
YOUR ADDRESS 109	And more Dr Madkon	W 53713		GT HE
Please check the appropriat	te boxes:			
☑ Support	□ Oppose		Neither Support N	lor Oppose
☐ Wish to speak (3 min	a. limit)	nin. limit) [☐ Wish to speak (3 min. limit)
Do not wish to speak	Do not wish to spe	eak [☐ Do not wish to	speak
Available to answer	questions	er questions [☐ Available to ans	swer questions
At this meeting are you repr	resenting an organization or a per	rson other than yo	ourself: Yes	□ No
(If you answered no, SIOF; yo	ou need not complete the rest of this for	m. If you answered "	'yes," go on to the nex	ct questions.)
	number of each person or organization	n you are representi	ing: He 106 med son	11 53703
- MALLOON COLUMNIA.	1 Cooper in 1900 miles	HILLSON O I DIVI	IC 140 marson	W J/191
Are you being paid for your repre	esentation?		☐ Yes	No No
(If you answered "no" to both the	or other paid duties for this person or org	anization?	form.	₩ No
If you answered "yes," please con				/
Are you an elected official or emp	ployee who is appearing solely on behal	lf of your office or		
for your municipality or other gov (If you answered "yes" to the que	estion, STOP. You need not complete th	e rest of this form ex	☐ Yes	☑ No
that you must sign this form. If yo	ou answered "no" to the question, go on	to the next questions	s.)	
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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC	STEEL STATE OF THE STATE OF		
YOUR NAME DELPTE	DATE_	1.27.2020		
YOUR ADDRESS 7653 Sun	marked Dr. Veron	e WI		
Please check the appropriate boxes:				
A 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	n organization or a person other than grouplete the rest of this form. If you answered	yourself: Xes \(\square\) No ("yes," go on to the next questions.)		
Name, address and telephone number of ea				
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Date 1-27-2020 Signature Signature				

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13

AGENDA ITEM NO. 58671 SU	BJECT/ADDRESS/TOPIC 130) A	appleagte	Road	
YOUR NAME Brian Begulier	/ DATE	E 1-27-	2020	
YOUR ADDRESS 4606 Secret				
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 n	ot wish to	speak
🛮 Available to answer questions	☐ Available to answer questions	☐ Avai	lable 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 that complete the rest of this form. If you answer	n yourself:	Yes on to the ne	No ext questions)
Name, address and telephone number of ea				
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.)				
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Date S	ignature			

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YOUR NAME Gabriel Williams DATE 1-27-2020				
YOUR ADDRESS 4510 Oda				
Please check the appropriate boxes:				
⊠ Support [□ Oppose □	Neither S	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 no	ot wish to	speak
Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	yourself: ed "yes," go	⋈ Yes	□ No
Are you being paid for your representation?			☐ Yes	No No
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- 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.