

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC 36 West Towne Mall
 YOUR NAME Justin Schueler DATE 3/9/2020
 YOUR ADDRESS 1674 W. Bluemound Rd Brookfield WI

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input 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 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:

CBL

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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(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 3/9/2020 Signature Justin Schueler

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. 3 SUBJECT/ADDRESS/TOPIC 36 West Towne Mall
YOUR NAME Sameer Kulkarni DATE 3/19/20
YOUR ADDRESS 1701 River Dr. Suite 200 Moline IL

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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Name, address and telephone number of each person or organization you are representing:

Von Maur

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
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Date 3.19.20 Signature 

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC 36 West Towne Mall
 YOUR NAME David Burke DATE 3/9/20
 YOUR ADDRESS 6565 N. Brady St. Towne

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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Name, address and telephone number of each person or organization you are representing:
Von Maurer

Are you being paid for your representation? Yes No

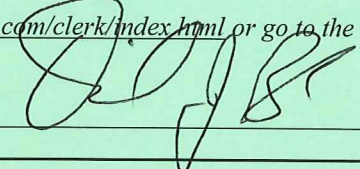
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(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.) Yes No

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 3/9/20 Signature 

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC 36 West Town Mall
YOUR NAME MATT KOLOSZEK DATE 3/9/20
YOUR ADDRESS 16745 W Bluemound Rd Brookfield 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 |

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CBL

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Date 3/9/20 Signature Matt Koloszek

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC 36 West Towne Mall
 YOUR NAME Bill White DATE 3/9/2020
 YOUR ADDRESS 2708 Lakeland Ave 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 |

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CBL

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Are you appearing as part of your other paid duties for this person or organization?
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Date 3/9/2020 Signature 

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC 36 WEST TOWN MALL
YOUR NAME PAUL SIEDMORE DATE 3/9/2020
YOUR ADDRESS 13 RED MAPLE 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:

CONSTITUENTS OF 9th DISTRICT

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
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Date 3/9/2020 Signature Paul Siedmore

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC 36 West Towne Mall

YOUR NAME Ken Wittle DATE 3/9/20

YOUR ADDRESS Chattanooga, TN

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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CBL

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Date 3/9/20 Signature Ken Wittle

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC 36 West Towne Mall

YOUR NAME Kevin Spring DATE 3/9/2020

YOUR ADDRESS CLEVELAND, Ohio

Please check the appropriate boxes:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Support | <input 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 |
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Name, address and telephone number of each person or organization you are representing:

CBC + ASSOCIATES | WEST TOWNE MALL

Are you being paid for your representation? Yes No

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Date 3/9/2020 Signature [Handwritten Signature]

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