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	BJECT/ADDRESS/TOPIC /H	SNRY & 10TH C
YOUR NAME ANDY	PUCE DATE	2/4/13
YOUR ADDRESS $766/$	UNIVERGITY AVE.	
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 a (If you answered "no," STOP; you need not a	complete the rest of this form. If you answe	red "yes," go on to the next questions.)
Name, address and telephone number of ea	ach person or organization you are repre	senting:
(1895)	F FOFF HUDEN	
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	Yes No
Are you an elected official or employee who is for your municipality or other governmental be (If you answered "yes" to the question, STOF that you must sign this form. If you answered	oody? ?. You need not complete the rest of this for.	m except
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please be advised that:
2. Your principal is not permitted to authorized.3. If your principal spends or will owe more	vist, you or your principal must file an authonize you to lobby unless the principal is regise than \$1,000 for lobbying services in any results that the City Clerk for the remaining quarters	tered with the City Clerk.
(Please go to the City Clerk's website www.ci. County Building, Madison, for more informati	tyofmadison.com/clerk/index.html or go to ion.)	the Clerk's Office at Room 103 of the City-
Date	Signature KMM	
	7 1 1	

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.

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AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC THE WANGIFICATION
YOUR NAME BRIAN MUNSON DATE FEB. 4, 2013
YOUR ADDRESS 170 FAST LAWESIDE
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: \(\sum \text{Yes}\) \(\sum \text{No}\) (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: PAUSADES APARTLEMS 771-8864
6417 NORMANOY GANE
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.)
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 <u>www.cityofmadison.com/clerklindex.luml</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)
Date FEB. 4, 7013 Signature

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 12 SUI	BJECT/ADDRESS/TOPIC	Enry I sta Gt.
YOUR NAME <u>COLOD SC</u>	haeffe! DATE	2-243 Wasufrant
YOUR ADDRESS <u>282</u>	apine Meadow Cic	0/29 on w) 53575
Please check the appropriate boxes:	1	U J
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 as (If you answered "no," STOP; you need not co	omplete the rest of this form. If you answer	ed "yes," go on to the next questions.)
Name, address and telephone number of each palisave (0417 Norm) 68-271-884	nardy In Madison	enting: W1 53719
Are you being paid for your representation?	,	Yes No
Are you appearing as part of your other paid de (If you answered "no" to both these questions, If you answered "yes," please continue.)	uties for this person or organization? STOP. You need not complete the rest of the state of the	his form.
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	□ Yes □ No
If you are being paid for your representation, o	r if your appearance is part of other paid do	ities, please be advised that:
1. Before you engage in lobbying as a lobbyi	st, you or your principal must file an autho	rization with the City Clerk.
2. Your principal is not permitted to authoriz	e you to lobby unless the principal is regist	ered with the City Clerk.
3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any re h the City Clerk for the remaining quarters	porting period (calendar six months), the of the calendar year.
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more information	vofmadison.com/clefk/index.html or go to to	he Clerk's Office at Room 103 of the City-
Date 2-4-15 Si	gnature	
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AGENDA ITEM NO. 12413 SU	BJECT/ADDRESS/TOPIC Was	tertant Ap	<u> </u>
YOUR NAME BILL WILL	DATE DATE	2/4/13	
YOUR ADDRESS <u>しょうら</u> し	linne bago St. #21:	2	
Please check the appropriate boxes:	J		
□ Support	Oppose	☐ Neither Support N	or Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3	3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of each	complete the rest of this form. If you answer	ed "yes," go on to the nex	□ No t questions.)
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 question. If you answered "yes," please continue.)		☐ Yes 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, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this for	☐ Yes m except	4 No "
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please be advised the	at:
2. Your principal is not permitted to authori	vist, you or your principal must file an authorize you to lobby unless the principal is regise than \$1,000 for lobbying services in any re	tered with the City Clerk.	
principal must file expense statements wi	th the City Clerk for the remaining quarters	of the calendar year.	, , ,
(Please go to the City Clerk's website www.ci County Building, Madison, for more informat Date 2413	tyofmadison.com/derk/index.html pr go to ion.) Signature	the Clerk's Office at Room	103 of the City-
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AGENDA ITEM NO. 12913 SUBJECT/ADDRESS/TOPIC Waterfront	FOTAC	+/Henry St
YOUR NAME RETER OSTLIND DATE 2-	-4-13	()
YOUR ADDRESS 533 W. Main St. MADEN		
Please check the appropriate boxes:		
□ Support	Support No	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	ot wish to s	peak
☐ Available to answer questions ☐ Available to answer questions ☐ Avail	lable to ans	wer questions
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go		YNo t 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
If you are being paid for your representation, or if your appearance is part of other paid duties, please	be advised tha	ıt:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with	the City Cler	k.
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the	-	
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period principal must file expense statements with the City Clerk for the remaining quarters of the calendary.	od (calendar si lar year.	ix months), the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's O County Building, Madison, for more information.)	ffice at Room	103 of the City-
Date 2-4-13 Signature Social		

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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC		•
YOUR NAME BENTAMIN	DATI	E 1/\$/3013	
YOUR ADDRESS SIGNATE	meet \$10	•	
Please check the appropriate boxes:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Support	₹ Oppose	☐ 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 s	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answe	red "yes," go on to the nex	☐ No ct questions.)
Name, address and telephone number of ea	ch person or organization you are repre	esenting:	
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	☐ Yes this form.	□ 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	ody? • You need not complete the rest of this for	☐ Yes m except	□ No
If you are being paid for your representation,	or if your appearance is part of other paid o	luties, please be advised th	at:
	rist, you or your principal must file an auth ze you to lobby unless the principal is regis		rk.
3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in any r th the City Clerk for the remaining quarter	eporting period (calendar s s of the calendar year.	ix months), the
(Please go to the City Clerk's website www.ci County Building, Madison, for more informate Date	tyofmadison.com/clerk/index.html or go to ion.) Signature	the Clerk's Office at Room	103 of the City-

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12

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC 619-625 N Henry
YOUR NAME LISA LOOD DATE 2/4/13
YOUR ADDRESS 622 N Henry Street
Please check the appropriate boxes:
☐ Support ☐ 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?
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 Signature

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AGENDA ITEM NO. 12 SU	BJECT/ADDRESS/TOPIC WATE	rfront Apts.		
YOUR NAME EMILY EVICKSON DATE 2/4/13				
YOUR ADDRESS 152 VAV	ladon St.			
Please check the appropriate boxes:	<u> </u>			
☐ Support	Oppose \Box	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 complete the rest of this form. If you answered	yourself: Yes No I "yes," go on to the next questions.)		
Name, address and telephone number of ea Alpha Chi OM-ega - (36) 720 - 6158		nting:		
Are you being paid for your representation?		☐ Yes		
Are you appearing as part of your other paid of (If you answered "no" to both these questions. If you answered "yes," please continue.)		□ Yes ☒ No is form.		
Are you an elected official or employee who is for your municipality or other governmental be (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? • You need not complete the rest of this form	Yes No except		
If you are being paid for your representation,	or if your appearance is part of other paid dut	ies, please be advised that:		
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Date 2/4/13	Signature FWHE. ER	em		

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12-19	1.0		
AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC N. (4)	=10Ky/, (8	121
YOUR NAME 7 REV	Motig DATE	2/4/13	
YOUR ADDRESS 5 17 WLS	COWFID	L V	
Please check the appropriate boxes:			•
□ Support	Z Oppose □	Neither Support N	lor 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 a Name, address and telephone number of each	complete the rest of this form. If you answered	d "yes," go on to the ne	□ No xt questions.)
Are you being paid for your representation?		☐ Yes	∑ Ñ₀
Are you appearing as part of your other paid of (If you answered "no" to both these questions. If you answered "yes," please continue.)		☐ Yes is form.	_ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	☐ Yes except	No
If you are being paid for your representation,	or if your appearance is part of other paid dut	ies, please be advised th	nat:
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(Please go to the City Clerk's website www.ci County Building, Madison, for more informated Date	ityofmadison.com/clerk/index.html or go to the ion.) Signature Januar	e Clerk's Office at Room	m 103 of the City-

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AGENDA ITEM NO. 12413SU		CT Propi	SAC
YOUR NAME <u>STEPHAN</u>	IE STENDER DATE	2/4/13	
YOUR ADDRESS 60/	N. HENRY ST.		
Please check the appropriate boxes:			
☐ Support	2 Oppose □ Ne	ither Support N	lor 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
(If you answered "no," STOP; you need not	n organization or a person other than you complete the rest of this form. If you answered "y	es," go on to the ne	☐ No ext questions.)
Name, address and telephone number of ea	ach person or organization you are representin	ıg:	
Are you being paid for your representation?		☐ Yes	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 of this fo	☐ Yes orm.	MNο
for your municipality or other governmental (If you answered "yes" to the question, STO	is appearing solely on behalf of your office or oody? P. You need not complete the rest of this form exc "no" to the question, go on to the next questions		M No
If you are being paid for your representation,	or if your appearance is part of other paid duties,	please be advised t	hat:
Before you engage in lobbying as a lobb	yist, you or your principal must file an authorizat	ion with the City Cl	erk.
	ize you to lobby unless the principal is registered		
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.			
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Date $\frac{2/4/20/3}{}$	Signature		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 12-13 SU.	BJECT/ADDRESS/TOPIC _	"Weger From"	Tore C	y. Redevelopmen
YOUR NAME To Morgan YOUR ADDRESS 146 Langed.		DATE Febr	source of	2013
YOUR ADDRESS 146 Langel.	n St. Mediton	W7 57703		***************************************
Please check the appropriate boxes:				
☐ Support	Oppose	☐ Neither	Support N	or Oppose
☐ Wish to speak (3 min. limit)	☑ Wish to speak (3 min. lin	nit) 🔲 Wis	h 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 ques	stions 🛚 Ava	ilable to ans	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 yo	u answered "yes," g		□ No xt questions.)
***************************************				•
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 organizations, STOP. You need not complete th	on? e 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, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest o	f this form except	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of oth	er paid duties, pleas	e be advised th	ıat:
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3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services th the City Clerk for the remaining	in any reporting per quarters of the cale	riod (calendar ndar year.	six months), the
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	Signature			·

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AGENDA ITEM NO. #12-13 SUBJECT/ADDRESS/TOPIC N. Henry + I Ota Ct				
YOUR NAME Francy Ingebritson DATE Feb. 4, 2013 YOUR ADDRESS 516 Wisconsin Ave. 41				
YOUR ADDRESS 5/6 Wis	consin Ave. 41			
Please check 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)
☐ 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 ans	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	d "yes," go		□ No xt questions.)
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	nis form.	☐ Yes	Ď (No
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	except	☐ Yes	S KNo
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AGENDA ITEM NO. $\sqrt{2}$, $\sqrt{3}$ SU	BJECT/ADDRESS/TOPIC			•
YOUR NAME <u>JASON 77SH</u>	DATE	FEB.	4,2	013
YOUR ADDRESS 2714 LAFO	LETTE AVE.		,	
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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answer	red "yes," go	Yes on to the ne	☐ No ext questions.)
			-	
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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	ze you to lobby unless the principal is regis		-	
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Date 4 FÉB. 2013 S	ignature	<u> </u>		

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AGENDA ITEM NO. 121 SU	BJECT/ADDRESS/TOPIC		
YOUR NAME / 4/8/5	LOUDEN DATE	2/4/13	
YOUR ADDRESS ///	WILLOWLN		
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 a (If you answered "no," STOP; you need not Name, address and telephone number of each	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)	
•			
Are you being paid for your representation?		☐ Yes	
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 of the	☐ Yes ☐ No his form.	
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	☐ Yes 戶No n except	
If you are being paid for your representation,	or if your appearance is part of other paid du	ities, please be advised that:	
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3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters	porting period (calendar six months), the of the calendar year.	
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DateS	Signature		

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		1/1/1	
AGENDA ITEM NO. /2//7 SU	JBJECT/ADDRESS/TOPIC <u>//a</u>	JUNT- JAN	•
YOUR NAME Jeff	diden DATE	2/4/13	
YOUR ADDRESS 4984 Bo	rchers Beach Roll	laural Le	alt_
Please check the appropriate boxes:			
Support	□ Oppose □	Neither Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3	3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to s	peak
Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
(If you answered "no," STOP; you need not	an organization or a person other than complete the rest of this form. If you answere each person or organization you are representation.	ed "yes," go on to the nex	□ No t questions.)
Are you being paid for your representation?		☐ Yes	12 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? as, STOP. You need not complete the rest of the	Yes his form.	₽ No
for your municipality or other governmental (If you answered "yes" to the question, STO	is appearing solely on behalf of your office o body? P. You need not complete the rest of this form I "no" to the question, go on to the next quest	☐ Yes except	D No
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised tha	at:
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Date 2/4/13	Signature		

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AGENDA ITEM NO. 12 1/13 SU	DTECT/ADDRESS/TODIC	Madathunt
	11	2/1/2
YOUR NAME Jasen Sa	tten DAT	E
YOUR ADDRESS 2106	Sheridan	
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 a (If you answered "no," STOP; you need not Name, address and telephone number of each	complete the rest of this form. If you answ	ered "yes," go on to the next questions.)
Are you being paid for your representation?		☐ Yes 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 of	of this form.
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Date 7913	Signature	_

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AGENDA ITEM NO. 12-13 SU	BJECT/ADDRESS/TOPIC			•			
YOUR NAME Ken Menlber	DATE_	2/4/1	3				
YOUR ADDRESS <u>66 S OALB</u>	ridge C+ #106	. 7					
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	☐ Avail	lable to an	swer questions			
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answered	l "yes," go	Yes on to the ne	□ No ext questions.)			
Name, address and telephone number of ea	ch person or organization you are represe	nting:					
			·				
Are you being paid for your representation?			☐ Yes	ĭXN°			
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AGENDA ITEM NO. 12 1/3 SUBJECT/ADDRESS/TOPIC 10TA COURT/HENRY				
YOUR NAME SARAH DUN CARPENTER DATE 3/4/13				
YOUR ADDRESS 406 Such		711		
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	complete the rest of this form. If you answered	d "yes," go on to the ne	🗷 No ext questions.)	
Name, address and telephone number of ea	ach person or organization you are represe	nting:		
Are you being paid for your representation?				
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 of th	Yes is form.	□ No	
Are you an elected official or employee who for your municipality or other governmental telegraph (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	☐ Yes except	□ No	
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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC 6	25 N Henry	•
YOUR NAME Max Ster	NOTES DAT	E 2/4/13	
YOUR ADDRESS 69 How	MATO PL		
Please check the appropriate boxes:			
☑ Support	☐ Oppose	☐ Neither Support No	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 s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other the complete the rest of this form. If you answ	an yourself: 🗖 Yes ered "yes," go on to the nex	No t questions.)
Name, address and telephone number of ea	ach person or organization you are repr	esenting:	
			*
Are you being paid for your representation?		☐ Yes	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 of	f this form.	№ Мо
Are you an elected official or employee who for your municipality or other governmental lagrange (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	☐ Yes rm except	D'No
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised that	at:
	yist, you or your principal must file an autl ize you to lobby unless the principal is reg	-	k.
3. If your principal spends or will owe more principal must file expense statements will be a statement of the statement of t	e than \$1,000 for lobbying services in any ith the City Clerk for the remaining quarte	reporting period (calendar s rs of the calendar year.	ix months), the
(Please go to the City Clerk's website www.c. County Building, Madison, for more information	ityofmadison.com/clerk/index.html-or.go to	o the Clerk's Office at Room	103 of the City-
Date 2/4/13	Signature		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. $12+13$ SU	BJECT/ADDRESS/TOPIC_		
YOUR NAME Toll VI	itale	DATE 02	104/13
YOUR ADDRESS	4006 Natroja	Trail	
Please check the appropriate boxes:			
Support	□ Oppose	☐ Neither	Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	nit) 🗆 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 que	stions	lable 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	ach person or organization you a	re representing:	
1101 Plenty			
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 organizations, STOP. You need not complete the	on? e rest of this form.	☐ Yes ☐ No
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest o	f this form except	☐ Yes ☐ No
If you are being paid for your representation,	or if your appearance is part of oth	er paid duties, please	be advised that:
1. Before you engage in lobbying as a lobby	vist, you or your principal must file	an authorization with	the City Clerk.
2. Your principal is not permitted to authori		-	•
 If your principal spends or will owe more principal must file expense statements wi 	than \$1,000 for lobbying services th the City Clerk for the remaining	in any reporting perion in any reporting perion in any reporting period	od (calendar six months), the lar year.
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	ityofmadison.com/clerk/index.html ion.)	or go to the Clerk's O	ffice at Room 103 of the City-
Date Ozloulis s	Signature		-

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16.012		
AGENDA ITEM NO.H/C SUBJE	CT/ADDRESS/TOPIC	
YOUR NAME BRICE 9	Z KEEL DATE	E 7, 4, 15
YOUR ADDRESS 3617	HARPER	KD
Please check the appropriate boxes:		
Support 🗆 O	ppose	☐ 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 or (If you answered "no," STOP; you need not comp		
Name, address and telephone number of each p		
		\sim
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no" to both these questions, ST If you answered "yes," please continue.)		f this form.
Are you an elected official or employee who is applied for your municipality or other governmental body (If you answered "yes" to the question, STOP. Yo that you must sign this form. If you answered "no"	? u need not complete the rest of this fo	□ Yes □ANe rm except
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,		-
2. Your principal is not permitted to authorize yo		
3. If your principal spends or will owe more that principal must file expense statements with the	n \$1,000 for lobbying services in any e City Clerk for the remaining quarter	reporting period (calendar six months), the rs of the calendar year.
(Please go to the City Clerk's website www.cityofic County Building, Madison, for more information.) Date Signa	R	o the Clerk's Office at Room 103 of the City-

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

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AGENDA ITEM NO. 121) SUI	BJECT/ADDRESS/TOPICWat	enfront property		
YOUR NAME Charles Hacke				
YOUR ADDRESS 4Lo West	Garham 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		
At this meeting are you representing a (If you answered "no," STOP; you need not do	n organization or a person other than complete the rest of this form. If you answer	yourself: Yes No ed "yes," go on to the next questions.)		
Name, address and telephone number of ea	ch person or organization you are repres	enting:		
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.)				
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	oody? P. You need not complete the rest of this form	☐ Yes ☐ No n except		
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please be advised that:		
Before you engage in lobbying as a lobby	yist, you or your principal must file an autho	rization with the City Clerk.		
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.				
 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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City- County Building, Madison, for more information.)				
DateS	Signature	· ·		

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AGENDA ITEM NO. <u>#12-13</u> SUE	BJECT/ADDRESS/TOPIC <u>6 [</u>	9-625 N. He	nn ·
YOUR NAME Kyle Verha	DATE	214/12	
AGENDA ITEM NO. #12-13 SUE YOUR NAME YOUR ADDRESS Color verb	1001 W. Dayton St	, Madison,	W1
Please check the appropriate boxes:	,		
Ø Support □	Oppose [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 s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing are (If you answered "no," STOP; you need not co	omplete the rest of this form. If you answer	ed "yes," go on to the nex	☐ No t questions.)
Name, address and telephone number of each	ch person or organization you are repres	senting:	
Are you being paid for your representation?		☐ Yes	Ø ₹Ño
Are you appearing as part of your other paid du (If you answered "no" to both these questions, If you answered "yes," please continue.)	uties for this person or organization? STOP. You need not complete the rest of the state of the	☐ Yes this form.	□ L No
Are you an elected official or employee who is for your municipality or other governmental be (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 forn	n except	
If you are being paid for your representation, or	r if your appearance is part of other paid d	uties, please be advised the	at:
1. Before you engage in lobbying as a lobbyi		•	k. ·
2. Your principal is not permitted to authorize	•	-	
 If your principal spends or will owe more to principal must file expense statements with 	than \$1,000 for lobbying services in any re h the City Clerk for the remaining quarters	porting period (calendar s of the calendar year.	ix months), the
(Please go to the City Clerk's website www.city County Building, Madison, for more information	<u>vofmadison.com/clerk/index.html</u> or go to t on.)	he Clerk's Office at Room	103 of the City-
Date 214/12 Si	ignature LJ VIL		

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AGENDA ITEM NO. 2-/3 SU	BJECT/ADDRESS/TOPIC [19-	625 N Hearl	•
YOUR NAME Jusan Uda	5↓↓ DATE	E 2/4/13	
YOUR ADDRESS 619 Lundon	St., Madison, WI 5370	3	•
Please check the appropriate boxes:	t 1	•	
⊠ Support	☐ Oppose	☐ Neither Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
Æl-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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answe	red "yes," go on to the ne	☐ No xt questions.)
Are you being paid for your representation?		☐ Yes	Ď(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.)		This form.	№ No
Are you an elected official or employee who i for your municipality or other governmental b (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 for	m except	№ №
If you are being paid for your representation, or	or if your appearance is part of other paid o	luties, please be advised th	nat:
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an auth	orization with the City Cle	erk.
2. Your principal is not permitted to authorize	ze you to lobby unless the principal is regis	stered with the City Clerk.	
3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any r th the City Clerk for the remaining quarter	eporting period (calendar s of the calendar year.	six months), the
(Please go to the City Clerk's website <u>www.cin</u> County Building, Madison, for more informati Date	tyofmadison.com/clerk/index.html or go to ion.)	the Clerk's Office at Roon	n 103 of the City-

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AGENDA ITEM NO. 12-13 SU	BJECT/ADDRESS/TOPIC <u>し</u> にっして	S N. Henry St.	
YOUR NAME Tim Slate	DATE_	2/4/2013	
YOUR ADDRESS 65 N. (also St, Apt 301 Madious,	WZ 53703	
Please check the appropriate boxes:	,		
Support	□ Oppose □ N	either 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	
	an organization or a person other than yo complete the rest of this form. If you answered '		
Name, address and telephone number of e	ach person or organization you are represent	ing:	
Are you being paid for your representation?		☐ Yes ☐ 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? as, STOP. You need not complete the rest of this	☐ Yes ☐ No form.	
for your municipality or other governmental (If you answered "yes" to the question, STO	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form ex l "no" to the question, go on to the next question		
If you are being paid for your representation,	or if your appearance is part of other paid duties	s, please be advised that:	
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AGENDA ITEM NO. 12 13	SUBJECT/ADDRESS/TOPI	C Water	Frant	•
YOUR NAME Andrew :	Stebn. tz	DATE 2	14/13	
YOUR ADDRESS 915 W	aban Hill Ma	clison		
Please check the appropriate boxes	3:			
Support	☐ Oppose	□ Nei	ther 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 questio	ns	questions \Box	Available to an	swer questions
At this meeting are you representing (If you answered "no," STOP; you need				☐ No ext questions.)
Name, address and telephone number	of each person or organization yo	ou are representing	g:	
WWW. 1994 1994				
A	0		Пхл	
Are you being paid for your representatio	n?		☐ Yes	No ING
Are you appearing as part of your other p (If you answered "no" to both these ques If you answered "yes," please continue.)	aid duties for this person or organiz tions, STOP. You need not complet	zation? te the rest of this for	☐ Yes	N₀
Are you an elected official or employee very for your municipality or other government (If you answered "yes" to the question, Se that you must sign this form. If you answered	ital body? TOP. You need not complete the re	est of this form exce	☐ Yes	No No
If you are being paid for your representat	ion, or if your appearance is part of	other paid duties, p	olease be advised t	hat:
1. Before you engage in lobbying as a l	obbyist, you or your principal must	file an authorizatio	on with the City Cl	erk.
2. Your principal is not permitted to au	horize you to lobby unless the prin	cipal is registered v	with the City Clerk	•
If your principal spends or will owe principal must file expense statement	nore than \$1,000 for lobbying serv is with the City Clerk for the remain	ices in any reportin ning quarters of the	g period (calendar calendar year.	six months), the
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Date 2/9/17	Signature			W. AMERICA AND AND AND AND AND AND AND AND AND AN
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AGENDA ITEM NO. 2-13 SU	BJECT/ADDRESS/TOPIC WA	HILFHAT PR	V 5517
YOUR NAME ARM	FOLDIN DAT	E 2/4/13	
YOUR ADDRESS 6605	CANUSBAD Dure	musish "	73705
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 ar	nswer 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 answ	vered "yes," go on to the n	☐ No ext questions.)

Annual bring and for any and the second			
Are you being paid for your representation?		☐ Yes	□ 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	of this form.	□ No
Are you an elected official or employee who for your municipality or other governmental (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	☐ Yes orm except	□ No
If you are being paid for your representation,	or if your appearance is part of other paid	d duties, please be advised	that:
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3. If your principal spends or will owe more principal must file expense statements w	e than \$1,000 for lobbying services in any ith the City Clerk for the remaining quarte	reporting period (calendarers of the calendaryear.	r six months), the
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Date	Signature		

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AGENDA ITEM NO. 12-13 S	UBJECT/ADDRESS/TOPIC		
YOUR NAME Jeffrey	Smoth DAT	E 2-4-13	
YOUR ADDRESS 50 I	sta Court		
Please check the appropriate boxes:			
☐ Support	D 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 (If you answered "no," STOP; you need no.	t complete the rest of this form. If you answe	ered "yes," go on to the next questions.)	
Name, address and telephone number of	each person or organization you are repr	esenting: Tradernata	
	150 Toto		
Are you being paid for your representation?		☐ Yes ☐ No	
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	I duties for this person or organization? ns, STOP. You need not complete the rest of	f this form.	
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? P. You need not complete the rest of this fo	Yes No	
If you are being paid for your representation	, or if your appearance is part of other paid	duties, please be advised that:	
	oyist, you or your principal must file an auth		
2. Your principal is not permitted to author	rize you to lobby unless the principal is regi	stered 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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
Date <u>J-4-13</u> Signature			

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

Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for

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AGENDA ITEM NO. 12 13 SU	JBJECT/ADDRESS/TOPIC	
YOUR NAME Errc Baill	y DATE	2/4/2013
YOUR ADDRESS 150	Tota Court Madison W.	T 53706
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
(If you answered "no," STOP; you need not	an organization or a person other than complete the rest of this form. If you answere ach person or organization you are represe	d "yes," go on to the next questions.)
Are you being paid for your representation?		☐ Yes ☐ 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? as, STOP. You need not complete the rest of the	☐ Yes ☐ No nis form.
for your municipality or other governmental (If you answered "yes" to the question, STO	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form I "no" to the question, go on to the next questi	☐ Yes ☐ No except
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised that:
	yist, you or your principal must file an author ize you to lobby unless the principal is registe	• • • • • • • • • • • • • • • • • • •
3. If your principal spends or will owe mor	e than \$1,000 for lobbying services in any rep ith the City Clerk for the remaining quarters of	porting period (calendar six months), the
(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informa	ityofmadison.com/clerk/index.html or go to th	ne Clerk's Office at Room 103 of the City-
Date $\frac{2/4}{2013}$	Signature & Baully	

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AGENDA ITEM NO. 12 SU	BJECT/ADDRESS/TOPIC WKX	EFRENT A	775
YOUR NAME , OWEN HU	DATE_	2/4/13	
YOUR ADDRESS 137 LAN	16R24 ST. HT. #3		
Please check the appropriate boxes:			
☐ Support	Oppose	Neither Support No	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 s	peak
☐ Available to answer questions	Available to answer questions	☐ Available to ans	wer questions
1-1	complete the rest of this form. If you answered	l "yes," go on to the nex	No t questions.)
Name, address and telephone number of ea	ach person or organization you are represed	nting:	
Are you being paid for your representation?		☐ Yes	12 (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 thi	☐ Yes is form.	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	oody? P. You need not complete the rest of this form	☐ Yes except	No
If you are being paid for your representation,	or if your appearance is part of other paid duti	ies, please be advised tha	at:
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2. Your principal is not permitted to authori	ize you to lobby unless the principal is register	red with the City Clerk.	
3. If your principal spends or will owe more principal must file expense statements wi	e than \$1,000 for lobbying services in any repo ith the City Clerk for the remaining quarters or	orting period (calendar s f the calendar year.	ix months), the
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Date 2/4/3	Signature Signature	W	

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AGENDA ITEM NO. 12, 13 SUBJECT/ADDRESS/TOPIC		
YOUR NAME Harison stephen Charles Willer DATE 2/4	-113	
YOUR ADDRESS 150 zota Court Madison W1, 53703		
Please check the appropriate boxes:		
□ Support □ Oppose □ Neither	Support N	or Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	sh to speak (3	3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do	not wish to s	speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available	ilable to ans	swer questions
At this meeting are you representing an organization or a person other than yourself (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," g	Yes on to the nex	No et 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
If you are being paid for your representation, or if your appearance is part of other paid duties, pleas	e be advised th	at:
 Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with Your principal is not permitted to authorize you to lobby unless the principal is registered with 		erk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting per principal must file expense statements with the City Clerk for the remaining quarters of the cale	riod (calendar s	six months), the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's County Building, Madison, for more information.)	Office at Roon	n 103 of the City-
Date 214/13 Signature Aughille		

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AGENDA ITEM NO. 12-13 SUBJECT/ADDRESS/TOPIC			
YOUR NAME Jordan Co	rning DATE	2/4/13	
YOUR ADDRESS <u> <i>i</i> SO</u>	Iota Ct.		
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	an organization or a person other than complete the rest of this form. If you answered	yourself: 🏻 Yes d "yes," go on to the ne	☐ No ext questions.)
Name, address and telephone number of e Chi Psi Fraternity;	ach person or organization you are represe ISO Loto Ct Mad	nting:	
			,
Are you being paid for your representation?		☐ Yes	⊠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? as, STOP. You need not complete the rest of the	Yes is form.	⊅ No
for your municipality or other governmental (If you answered "yes" to the question, STO.	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form "no" to the question, go on to the next questi	☐ Yes except	Ç ∕No
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1. Before you engage in lobbying as a lobb	yist, you or your principal must file an authori	zation with the City Cle	erk.
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AGENDA ITEM NO. 1942 SUBJECT/ADDRESS/TOPIC 1	what C+ Development
YOUR NAME RICHARD BOYZOV DA	ATE 2/4/13
YOUR ADDRESS 50 JOYA	
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 question	ns Available to answer questions
At this meeting are you representing an organization or a person other (If you answered "no," STOP; you need not complete the rest of this form. If you an Name, address and telephone number of each person or organization you are re-	nswered "yes," go on to the next questions.)
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 real fyou answered "yes," please continue.)	Yes No No est of this form.
Are you an elected official or employee who is appearing solely on behalf of your of for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this that you must sign this form. If you answered "no" to the question, go on to the next	☐ Yes ☐ No is form except
If you are being paid for your representation, or if your appearance is part of other p	aid duties, please be advised that:
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or g County Building, Madison, for more information.) Date Signature	30-to the Clerk's Office at Room 103 of the City-

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AGENDA ITEM NO. 12-13 SUI	BJECT/ADDRESS/TOPIC	Developa	nent:	
YOUR NAME Sam LANNERS DATE 2/4/13				
YOUR ADDRESS 409 wes	+ Gorham Madison, u	UF 537	(03	
Please check the appropriate boxes:				
□ Support >	Oppose	Neither Supp	oort Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to sp	peak <i>(3 min. limit)</i>	
☐ Do not wish to speak	Do not wish to speak	☐ Do not wi	sh 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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answered	l "yes," go on to		
	ch person of organization you are represen			
Are you being paid for your representation?			Yes 🔲 No	
Are you appearing as part of your other paid duties for this person or organization?				
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Date S	lignature			

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YOUR ADDRESS S o Do Tor Cf- Mad So n WI S 770 77 Please check the appropriate boxes: Support	AGENDA ITEM NO. i え 、 l ろ SU	JBJECT/ADDRESS/TOPIC To	to Develope	nent
Please check the appropriate boxes: Support	YOURNAME John Fredericks DATE 2/4/2013			
□ Support □ 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 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," please continue, 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.) 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/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	YOUR ADDRESS [SO Do	to Ct. Madison,	WI 53703	
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not wish to speak (3 min. limit) □ Do not wish to speak □ Available to answer questions □ 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.) 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? (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.) 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.cityofinadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more	Please check the appropriate boxes:			
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AGENDA ITEM NO. 12+13 SU	JBJECT/ADDRESS/TOPIC			
YOUR NAME EliZabilyASM	UrI	DATE $\sqrt{4}$	(13	
YOUR ADDRESS (ON) I	V Henry St	v		
Please check the appropriate boxes:				
☐ Support	Oppose	☐ Neither	Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limi	t) 🔲 Wis	h to speak ((3 min. limit)
☐ Do not wish to speak	☑ Do not wish to speak	□ Do 1	ot wish to	speak
☐ Available to answer questions	☐ Available to answer quest	ions 🗖 Ava	ilable to an	swer questions
At this meeting are you representing (If you answered "no," STOP; you need not	complete the rest of this form. If you	answered "yes," g		□ No ext questions.)
Name, address and telephone number of e	each person or organization you are			
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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 as, STOP. You need not complete the	? rest of this form.	☐ Yes	Mo
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AGENDA ITEM NO. 12-13 SU	BJECT/ADDRESS/TOPIC	MODI NODDI	COUT
YOUR NAME JONG SI	WOCKI DATE	0204-13	
YOUR ADDRESS 103 LOG	1900n Street Madis	50n, WI 53	703
Please check the appropriate boxes:	Ş		•
□ Support	☐ Oppose	☐ 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 s	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answer	red "yes," go on to the ne	No ct questions.)
Name, address and telephone number of ea	ach person or organization you are repre	senting:	
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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	☐ Yes this form.	□ No
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Date 02.04-13	Signature JAMO C. SIU	COCH	

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AGENDA ITEM NO. 12815 SU					
YOUR NAME Devan Hamilton	DATE	2-4-13	-		
YOUR ADDRESS 3515 University	ersity Ave.		Atoritica		
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		
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Name, address and telephone number of ea	ach person or organization you are repres	senting:			
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7 SUBJECT/ADDRESS/TOPIC AGENDA ITEM NO. /3 YOUR ADDRESS 703 lado hom st Please check the appropriate boxes: **Oppose** ☐ Support ☐ 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: \(\simeg\) Yes (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 MQ 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 ☐ Yes for your municipality or other governmental body? ☐ 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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 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. 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 Signature

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YOUR NAME CSTEMEN)	DATE	2/04	113	
YOUR ADDRESS 150 5 Ho	ncack st		2	
Please check the appropriate boxes:				
□ Support	Z Oppose □	Neither S	Support N	Vor 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		ot wish to	
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	BJECT/ADDRESS/TOPIC _	Iota		
YOUR NAME Duniel So	hmitz	DATE 2/L	1/13	
YOUR ADDRESS 50 Is	ta court			
Please check the appropriate boxes:		•		
☐ Support	Oppose	☐ Neither	Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	nit) 🔲 Wish	h to speak (3 min. limit)	
☐ Do not wish to speak	Do not wish to speak	Do n	not wish to speak	
☐ Available to answer questions	☐ Available to answer que	stions 🛭 Avai	ilable to answer questions	Ϊ,
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3. If your principal spends or will owe more principal must file expense statements w	e than \$1,000 for lobbying services ith the City Clerk for the remaining	in any reporting peri quarters of the calen	iod (calendar six months), the ndar 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				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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YOUR NAME Ben Keesed DATE 2/4/13 YOUR ADDRESS 50	AGENDA ITEM NO. 17.213 SU	BJECT/ADDRESS/TOPIC			
Please check the appropriate boxes: Support	YOUR NAME Ben Kees	Od DATI	E 2/4/13		
□ Support □ Wish to speak (3 min. limit) □ Do not wish to speak □ No it wish to speak □ Do not wish to speak □ No Wish to speak (3 min. limit) □ Ves No □ Yes No □	YOUR ADDRESS 150 Iste	e Coert			
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not wish to speak □ 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 (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.)	Please check the appropriate boxes:				
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If you are being paid for your representation, or if your appearance is part of other paid duties, please he advised that	for your municipality or other governmental tagging answered "yes" to the question, STOI	oody? P. You need not complete the rest of this for	☐ Yes	□ No	
y the state of the	If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised t	hat:	
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	1. Before you engage in lobbying as a lobby	vist, you or your principal must file an auth	orization with the City Cl	erk.	
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.	2. Your principal is not permitted to authori	ze you to lobby unless the principal is regi	stered 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.	3. If your principal spends or will owe more principal must file expense statements wi	e than \$1,000 for lobbying services in any r th the City Clerk for the remaining quarter	reporting period (calendar s of the calendar year.	six months), the	
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Date 7/4/13 Signature	Date <u>7/4/13</u>	Signature		***************************************	

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

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AGENDA ITEM NO. 12, 13 SU	BJECT/ADDRESS/TOPIC		•
YOUR NAME Alex Ster	h DATE	2-4-13	
YOUR ADDRESS 150 7	ota Oto		
Please check the appropriate boxes:			•
□ Support	∮ Oppose □	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 s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answere	d "yes," go on to the nex	No t questions.)
Name, address and telephone number of e	ach person or organization you are represe	nting:	
		A.II.	
Are you being paid for your representation?		☐ Yes	□ 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? is, STOP. You need not complete the rest of the	☐ Yes nis form.	□ No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO, that you must sign this form. If you answered	body? P. You need not complete the rest of this form	☐ Yes except	□ No
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised the	at:
1. Before you engage in lobbying as a lobb	yist, you or your principal must file an author	ization with the City Cle	k.
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 If your principal spends or will owe mor principal must file expense statements w 	e than \$1,000 for lobbying services in any rep ith the City Clerk for the remaining quarters o	orting period (calendar s of the calendar year.	ix months), the
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Date 2-4-13	Signature Play	>	·

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AGENDA ITEM NO. 12-13 SU	BJECT/ADDRESS/TOPIC (@19 - (@	25 Hury 1	10 2145 lota
YOUR NAME Livida Ro	und date	2/4/2013	
YOUR ADDRESS <u>804 Levi</u>	ris Ct Madison Wi	53711	
Please check the appropriate boxes:			
□ Support	X)Oppose \Box	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 an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not o			XXo xt 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.)		☐ Yes is form.	□ No
Are you an elected official or employee who for your municipality or other governmental the (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? ?. You need not complete the rest of this form	☐ Yes except	□ No
If you are being paid for your representation,	or if your appearance is part of other paid dut	ies, please be advised t	nat:
	vist, you or your principal must file an authori ze you to lobby unless the principal is registe	•	
 If your principal spends or will owe more principal must file expense statements wi 	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters o	orting period (calendar f the calendar year.	six months), the
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<u> </u>			<u> </u>
AGENDA ITEM NO $0+1$ SU	JBJECT/ADDRESS/TOPIC	Lele Com	<u>. </u>
YOUR NAME Anne Low	rence DAT	LE 03/01/13	\
YOUR ADDRESS \OST O'\(eeffe Are #146	Sunfran	<u> </u>
Please check the appropriate boxes:	W		53590
☐ Support	ppose	☐ 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	not wish to speak	☐ Do not wish to	speak
☐ Available to answer questions	Available to answer questions	Available to a	nswer questions
At this meeting are you representing (If you answered "no," STOP; you need not			☐ No ext questions.)
Name, address and telephone number of e		resenting:	
madison u	31 53703)	
Are you being paid for your representation?		☐ Yes	A No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		of this form.	1 1 1 1 1 1 1 1 1 1
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? P. You need not complete the rest of this f	orm except	Z Ro
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alaulis	LM ml	aliao Ma o	
Date OF 15	Signature UNVU 1	WWW WITCH	

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AGENDA ITEM NO. 2. 13 SUBJECT/ADDRESS/TOPIC LOTO	out
YOUR NAME Stephen Paloina DATE S	14/2013
YOUR ADDRESS 150 Total Colert	
Please check the appropriate boxes:	
□ Support □ Neit	her Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ W	Wish to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ I	Do not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ A	Available to answer questions
At this meeting are you representing an organization or a person other than your (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.)	n. □ Yes □ No
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with	ith the City Clerk.
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Date 2/4// Signature	May

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AGENDA ITEM NO. 12+13 SUBJECT/ADDRESS/TOPIC Langdon / Iota Ct.		
YOUR NAME James Howard DATE 02/4/2012		
YOUR ADDRESS		
Please check the appropriate boxes:		
☐ Support ☐ 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: \(\sum \) Yes \(\sum \) 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.)		
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Are you being paid for your representation?		
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Date 02/4/2012 Signature		

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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC	
YOUR NAME NOTUWI	SMOTUNI DAT	E 2/3/13
YOUR ADDRESS 409 W (4	omum :	
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)
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 o	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)
Name, address and telephone number of ea	ch person or organization you are rep	resenting:
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	of this form.
Are you an elected official or employee who is for your municipality or other governmental be (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 fo	orm except
If you are being paid for your representation, or	or if your appearance is part of other paid	duties, please be advised that:
 Before you engage in lobbying as a lobby Your principal is not permitted to authorize 		
3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarte	reporting period (calendar six months), the
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AGENDA ITEM NO. 12:13 SU	BJECT/ADDRESS/TOPIC		•
YOUR NAME Michael Cup	ertino DATE	2/4/2013	
YOUR ADDRESS 150 Inter	Court		
Please check the appropriate boxes:			
☐ Support	Z Oppose	☐ Neither Support N	lor 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	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	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:	No xt questions.)
Name, address and telephone number of ea	ch person or organization you are repres	senting:	· · · · · · · · · · · · · · · · · · ·
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? In STOP. You need not complete the rest of	Yes this form.	□ 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 for	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please be advised th	ıat:
1. Before you engage in lobbying as a lobby	rist, you or your principal must file an autho	rization with the City Cle	erk.
	ze you to lobby unless the principal is regis	-	
3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any re th the City Clerk for the remaining quarters	porting period (calendar sof the calendar year.	six months), the
(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			

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AGENDA ITEM NO. 12-13 SUBJECT/ADDRESS/TOPIC Langdon / 1010 Court				
YOUR NAME Carly Paget DATE 3/4/2013				
YOUR ADDRESS 409 W. Coch	am Modison WI 537	03		
Please check the appropriate boxes:				
□ Support)	Oppose	☐ 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	wer 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 answe	ered "yes," go on to the nex	₩No ct questions.)	
Name, address and telephone number of ea	nch person or organization you are repr	esenting:		
		•	· · · · · · · · · · · · · · · · · · ·	
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Date 3/4/3013	Signature CONST		The second secon	

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AGENDA ITEM NO. 12-13 SU	BJECT/ADDRESS/TOPIC Lang	don Apts.	
YOUR NAME Saw Lathers DATE 2/4/13			
YOUR ADDRESS 141 Langton Street, Madison, WI 53703			
Please check the appropriate boxes:	,		
☐ Support	2 Oppose	☐ Neither Support 1	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 that complete the rest of this form. If you answe	an yourself:	∕ ⊿ ' No ext questions.)
Name, address and telephone number of ea	ch person or organization you are repr	esenting:	
Are you being paid for your representation?		☐ Yes	∕Д №
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AGENDA ITEM NO. 12,13 SUBJECT/ADDRESS/TOPIC				
YOUR NAME BOENT Noman Tulleral DATE 7/4/13				
YOUR ADDRESS THE 150 John Cowt				
Please check the appropriate boxes:				
□ Support	■ Oppose □	Neither Su	pport 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 s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Availab	ole to ans	wer 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 answere	d "yes," go on		a No t questions.) .
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AGENDA ITEM NO. 12 + 13 SUBJECT/ADDRESS/TOPIC			
YOUR NAME CHRISTOPHER ALLEN DATE 2/4/13			
YOUR ADDRESS 150 I oto Ct, Madison W1 53703			
Please check the appropriate boxes:			
□ Support □ Oppose □ Ne	ither 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 s	peak	
☐ Available to answer questions ☐ Available to answer questions ☐	Available to ans	wer questions	
At this meeting are you representing an organization or a person other than you (If you answered "no," STOP; you need not complete the rest of this form. If you answered "you are a second to the state of this form.	es," go on to the nex	☑ No t questions.)	
Name, address and telephone number of each person or organization you are representing	ıg:		
		,	
Are you being paid for your representation?	☐ Yes	□ No	
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AGENDA ITEM NO. 29592 SUBJECT/ADDRESS/TOPIC 10 TO CAT.				
YOUR NAME MOLLISM POLICICUMO DATE 8/4/13				
your address (Congolon Stylet, Madison, W)				
Please check the appropriate boxes:		,		
☐ Support	∑ Oppose	☐ Neither S	upport N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish t	o speak (3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	ble to ans	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answ	ered "yes," go o		☐ No xt questions.)
Name, address and telephone number of ea	ach person or organization you are repr	resenting:		
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AGENDA ITEM NO. 12 W 13 SUBJECT/ADDRESS/TOPIC Water front				
YOUR NAME Dygn Kreitzer (Justine Kreitzer) DATE 2.4,13				
YOUR ADDRESS 1622 N Henry St.				
Please check the appropriate boxes:				
☐ Support	☑ Oppose □ 1	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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions
(If you answered "no," STOP; you need not	an organization or a person other than y complete the rest of this form. If you answered	"yes," go	Yes on to the ne	☐ No ext questions.)
Name, address and telephone number of ea	ach person or organization you are represen	ting:		
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To N. D. alanant				
AGENDA ITEM NO. 2674 SUBJECT/ADDRESS/TOPIC 1010 CI- VENEZULIVIUM				
YOUR NAME DISC WIVEUS DATE 2/4/15				
YOUR ADDRESS 11/2 LANGOWN ST.				
Please check the appropriate boxes:				
□ Support □ 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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AGENDA ITEM NO. 28592 SUBJECT/ADDRESS/TOPIC 10ta G				
YOUR NAME KOTHYN Sc	hick D	ATE 2 L	1/13	
YOUR ADDRESS 103 Lango	lon Street Ma	dison V	VÌ	
Please check 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)
☐ Do not wish to speak ☐	Do not wish to speak	☐ Do no	ot wish to s	peak
☐ Available to answer questions ☐	Available to answer question	ns 🛭 Avail	able to ans	wer questions
At this meeting are you representing an of (If you answered "no," STOP; you need not comp	plete the rest of this form. If you ar	swered "yes," go	Yes on to the nex	☐ No st questions.)
Name, address and telephone number of each p	person or organization you are r	epresenting:		
		·		
Are you being paid for your representation?			☐ Yes	No No
Are you appearing as part of your other paid dutie (If you answered "no" to both these questions, SI If you answered "yes," please continue.)	es for this person or organization? FOP. You need not complete the re	st of this form.	☐ Yes	□ No
Are you an elected official or employee who is ap for your municipality or other governmental body (If you answered "yes" to the question, STOP. Yo that you must sign this form. If you answered "no	? ou need not complete the rest of thi	s form except	☐ Yes	TAO
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AGENDA ITEM NO. 2 + 13 SUBJECT/ADDRESS/TOPIC Tota Ct. Development				
YOUR NAME Ryan Punch DATE 2/4/13				
YOUR ADDRESS 615 West Johnson				
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 a (If you answered "no," STOP; you need not	complete the rest of this form. If you answe	red "yes," go on to the next questions.)		
Name, address and telephone number of ea	ich person or organization you are repre	esenting:		
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.)				
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date S	ignature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 12, 13 ST	JBJECT/ADDRESS/TOPIC _		•		
YOUR NAME Julian Cooper		DATE 2/4/13			
YOUR ADDRESS 150 Dolo	Court				
Please check the appropriate boxes:		•			
☐ Support	Oppose	☐ Neither Support	Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	it)	c (3 min. limit)		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish t	o speak		
☐ Available to answer questions	☐ Available to answer ques	tions	nswer questions		
At this meeting are you representing (If you answered "no," STOP; you need not	complete the rest of this form. If you	answered "yes," go on to the	☐ No next questions.)		
Name, address and telephone number of a	each person or organization you ar Tota Court	e representing:			
Are you being paid for your representation?	Are you being paid for your representation?				
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 as, STOP. You need not complete the	n? Yes e rest of this form.	⊠N ₀		
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Date 2/4/13 Signature					

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AGENDA ITEM NO. 12, 13 SUBJECT/ADDRESS/TOPIC NHENRY / IOTA			
YOUR NAME TOM HEMMINGS DATE 4/2/13			
YOUR ADDRESS 433 W DAYTON, APT 3, MADISON, 53703			
Please check the appropriate boxes:			
□ Support □ 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: \square Yes \square 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?			
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 4/2/13 Signature 1. Henry's			

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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC No.	orth Henry / Inta		
YOUR NAME Camer Christian Feldman DATE 2-4-13			
YOUR ADDRESS 7122 Franklin Avenue, Winds	CH13. IA 50324		
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 that (If you answered "no," STOP; you need not complete the rest of this form. If you answered	an yourself: 🛂 Yes 🔲 No ered "yes," go on to the next questions.)		
Name, address and telephone number of each person or organization you are repr Chi Psi Fraternity. 150 Inta Court Man	esenting:		
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 If you answered "yes," please continue.)	f this form.		
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Date 2-4-13 Signature tour letter			

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AGENDA ITEM NO. 12+13 SUBJECT/ADDRESS/TOPIC N. Henry / Inta	
YOUR NAME Travis Price DATE 2/4/13	
YOUR ADDRESS 1520 Tripp Crile, 407 La Follette Adams, WI Malso	и
Please check the appropriate boxes:	
□ Support □ Neither Support Nor Oppos	e
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)	9
☐ 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 quest	ions
At this meeting are you representing an organization or a person other than yourself: Yes Yes (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?	
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Date 2/4/13 Signature The Care	

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AGENDA ITEM NO. 12-13 SUBJECT/ADDRESS/TOPIC
YOUR NAME Tim Ells DATE 2/4/13
YOUR ADDRESS 150 I of Ct, Madison WI 53703
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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	JBJECT/ADDRESS/TOPIC <u>N. Hen I</u>	//Iota	,	
YOUR NAME Zachary Lava	ullee DATE	2/14/1		
YOUR ADDRESS 17660 Weth	amptôn Woods Dr. Chesterfie	eld MO,	63005	***************************************
Please check the appropriate boxes:		/		
□ Support	ĭ Oppose □	l 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 (If you answered "no," STOP; you need not	complete the rest of this form. If you answere	ed "yes," go		No ext questions.)
Name, address and telephone number of e	ach person or organization you are repres	enting:		
· · · · · · · · · · · · · · · · · · ·				
Are you being paid for your representation?			☐ Yes	⊠ .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? as, STOP. You need not complete the rest of t	his form.	☐ Yes	Mo 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.)				
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Date 2/14/13	Signature <u>Malla Infalla</u>		WHAT A 10	·

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AGENDA ITEM NO. 12, 13 SUBJECT/ADDRESS/TOPIC		•		
YOUR NAME Ned Lefeure DATE 2/c YOUR ADDRESS 420 W. Gorham St. Apt. 111	1/20	13		
YOUR ADDRESS 420 W. Gorham St. Apt. 111	53703	·		
Please check the appropriate boxes:				
☐ Support	Support N	Nor Oppose		
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	ı 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 ☐ Available	lable to an	swer questions		
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	Yes on to the ne	☐ No ext questions.)		
Name, address and telephone number of each person or organization you are representing: Chi Psi Frate-nety, 150 lota Court				
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 2/4/2013 Signature Mul Myn Africa		. •		

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AGENDA ITEM NO. 12-13 SU	BJECT/ADDRESS/TOPIC		
YOUR NAME Gavin De	nzer	DATE <u> 4 1</u>	3
YOUR ADDRESS 160 Tot	a Court		
Please check the appropriate boxes:			
☐ Support	Орроѕе	☐ Neither !	Support Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. lin	mit) 🔲 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 que	estions	lable to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person o complete the rest of this form. If yo	ther than yourself: ou answered "yes," go	Yes No No on to the next questions.)
Name, address and telephone number of each	ach person or organization you a	re representing;	<u> </u>
Are you being paid for your representation?			☐ Yes 📈 No
Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)			☐ Yes No
Are you an elected official or employee who for your municipality or other governmental telegraph (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 o	of this form except	☐ Yes ÄNo
If you are being paid for your representation,	or if your appearance is part of oth	ner paid duties, please l	be advised that:
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AGENDA ITEM NO. 2, 13 SU	BJECT/ADDRESS/TOPIC			
YOUR NAME Andrew M	astzawl DAT	E 1/4/13		
YOUR ADDRESS 615 W.	Johnson. St.			
Please check the appropriate boxes:				
☐ Support	D 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				
Name, address and telephone number of e	ach person or organization you are repr	esenting:		
Are you being paid for your representation?		☐ Yes ☑ No		
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Date 2/4/13	Signature <u>A<i>N</i>O</u> VOW MO	romt		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 12+13 SU	BJECT/ADDRESS/TOPIC 1	Ista Development		
		0 1.110		
YOUR NAME MKO Film	1 .	TE <u>4/4/13</u>		
YOUR ADDRESS <u>14 Swanso</u>	y Knowskeye			
Please check the appropriate boxes:	,			
□ Support	D'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 question	ns		
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Name, address and telephone number of ea	ach person or organization you are re	presenting:		
		· · · · · · · · · · · · · · · · · · ·		
Are you being paid for your representation?	•	Yes W 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 res	☐ Yes ☑ No t of this form.		
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O hilis	Signature Made July	· .		

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AGENDA ITEM NO. 12 + 13 SUBJECT/ADDRESS/TOPIC N Henry/Iota Deve	lopment:			
YOUR NAME Jon Papacek DATE 2/4/13				
YOUR ADDRESS GIS W. Johnson Street 425 A Madison, WI 53706				
Please check the appropriate boxes:				
□ Support □ Oppose □ Neither Suppor	t Nor Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to spea	k (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: \(\Delta\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the				
Name, address and telephone number of each person or organization you are representing: Chi Psi Frate/nity 105 Icta Court				
Are you being paid for your representation?	⊠ 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 2/4/13 Signature Jon Myracell				

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AGENDA ITEM NO. 12,13 SUBJECT/ADDRESS/TOPIC				
YOUR NAME Andrew Worker DATE 2/4/13				
YOUR ADDRESS 150 Iota Co	ourt (Chi Psi Fraternity)			
Please check the appropriate boxes:	,			
□ Support	⊘ Oppose □	Neither S	upport 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 no	t wish to s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to ans	wer 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:				
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AGENDA ITEM NO. 12813 SUBJECT/ADDRESS/TOPIC// HEAVY/ Jota developme				
YOUR NAME SOLAN TESSIE DATE 2/4/13				
YOUR ADDRESS 160 Fota Court Madison, WI 53703				
Please check the appropriate boxes:				
□ Support □ 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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AGENDA ITEM NO. 12/13 SU	BJECT/ADDRESS/TOPIC	
YOUR NAME Grea Hite	h DATE	2/4/13
YOUR ADDRESS /50 I	ota ct.	
Please check the appropriate boxes:		
☐ Support	Ö 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	an organization or a person other than complete the rest of this form. If you answer	n yourself: 🗖 Yes 🔲 No ed "yes," go on to the next questions.)
Name, address and telephone number of ea Alpha Iota of Chi (920) 265-2942	// · · · · · · · · · · · · · · · · · ·	senting: 53703
Are you being paid for your representation?		☐ Yes ∠ 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 of	Yes ZPNo this form.
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this forr	n except ☐ Yes ☐ No
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Date 2/4/13	Signature May The	

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AGENDA ITEM NO./2 t /3 SU	BJECT/ADDRESS/TOPIC _	Ipta (+ 1)	evel givent	•
YOUR NAME Blake Both		DATE ATUIT	•	3
YOUR ADDRESS 150 Dota c		RIE		
Please check the appropriate boxes:				
☐ Support	Oppose	☐ Neither St	apport Nor O _l	ppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	it) 🔲 Wish t	o speak <i>(3 min</i> .	limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not	wish to speak	
☐ Available to answer questions	☐ Available to answer ques	tions 🗖 Availa	ble to answer q	uestions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you	answered "yes," go o	Yes V N	[o tions.)
Name, address and telephone number of ea	ach person or organization you ar	e representing:		
				W
Are you being paid for your representation?		Į	J Yes ☑N	lo .
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	n? [rest of this form.	☐ Yes ☐	lo
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(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	ion.)		ce at Room 103 o	f the City-
Date 2/4//3	Signature Blake Ho	by		

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AGENDA ITEM NO. 12 IS SUBJECT/ADDRESS/TOPIC					
YOUR NAME Benjamin Ganther DATE 2/4/13					
YOUR ADDRESS 150 I					
Please check the appropriate boxes:					
□ Support	Oppose	ppose 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	s Available to answer questions			
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AGENDA ITEM NO. 12+13 SUBJECT/ADDRESS/TOPIC Tota Development						
YOUR NAME Reid Dixon DATE 2/4/13						
YOUR ADDRESS YOU U. Gorban St. Madison, 101 53703						
Please check the appropriate boxes:						
□ Support □ 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						
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions						
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AGENDA ITEM NO. 12-13 SUBJECT/ADDRESS/TOPIC WILLIAM DUILDING					
YOUR NAME KIRV DATE 2/4/13					
YOUR ADDRESS 409 W. GOVHAM ST					
Please check the appropriate boxes:					
□ Support □ Neither Support Nor Oppose					
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)	iit)				
☐ 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: 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:					
DELOTO CONTRACTO DIRECTOR DE CONTRACTOR DE C					
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.)					
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date Signature	***************************************				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

- 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.

	BJECT/ADDRESS/TOPIC W/()	tertrent	binild	ing	
YOUR NAME Katherine Punne DATE 2/4/13					
YOUR ADDRESS <u>103 Lane</u>	gdon St. Madiso	W WI			
Please check the appropriate boxes:					
☐ Support	Oppose	☐ Neither	Support I	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wisl	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	☐ Avai	lable to an	swer questions	
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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	of this form.	☐ Yes	□ No	
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2. Your principal is not permitted to authorize			•		
3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarte	reporting perions rs of the calend	od (calendar dar year.	six months), the	
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informati	tyofmadison.com/clerk/index.html or go to ion.)	o the Clerk's C	Office at Room	m 103 of the City-	
DateS	ignature		Manager and the second		

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AGENDA ITEM NO. 2/13 SUBJECT/ADDRESS/TOPIC 6/9 - 62	5N Henry				
YOUR NAME Hebecoaft ndersow DATE 70-	145 Pota /				
YOUR ADDRESS 615 Howard Pl	7)				
Please check the appropriate boxes:					
Support Oppose Neither	Support Nor Oppose				
	to speak (3 min. limit)				
	ot wish to speak				
	lable to answer questions				
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