

**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 9 SUBJECT/ADDRESS/TOPIC SALVATION  
YOUR NAME STEVE HOLZHANER DATE 6-18-12  
YOUR ADDRESS 222 W WASHINGTON AVE SUITE 222

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                                 | <input type="checkbox"/> Oppose                        | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  |
| <input type="checkbox"/> Do not wish to speak                    | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions           | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

Salvation Army  
Eppstein Urban Architects

Are you being paid for your representation? ☒ Yes ☐ No

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No  
(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)

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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.

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Date 6-18-12 Signature [Signature]

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

1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.  
Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
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.
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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. <u>9</u>	SUBJECT/ADDRESS/TOPIC <u>SALVATION ARMY</u>
YOUR NAME <u>BRAD NYGAARD</u>	DATE <u>6-18-12</u>
YOUR ADDRESS <u>222 West Washington Suite 650</u>	

Please check the appropriate boxes:

<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Neither Support Nor Oppose
<input checked="" type="checkbox"/> Wish to speak (3 min. limit)	<input type="checkbox"/> Wish to speak (3 min. limit)	<input type="checkbox"/> Wish to speak (3 min. limit)
<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak
<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☒ Yes ☐ No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:  
SALVATION ARMY: EPPSTEIN URBAN ARCHITECTS

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Are you being paid for your representation? ☒ Yes ☐ No

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)* ☒ Yes ☒ No

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Date 6-18-12 Signature [Signature]

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 9 SUBJECT/ADDRESS/TOPIC SALVATION ARMY PARKING LOT  
YOUR NAME MAJOR LOREN CARTER DATE 6.18.12  
YOUR ADDRESS 3030 Darbo Dr.

Please check the appropriate boxes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 | <input checked="" type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)                 |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak                         |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> Available to answer questions     |

At this meeting are you representing an organization or a person other than yourself: ☒ Yes ☐ No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

Are you being paid for your representation?

☒ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization?

☒ 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  
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Date 6.18.12 Signature [Signature]

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**PLAN COMMISSION  
REGISTRATION FORM**

9

AGENDA ITEM NO. 26694 SUBJECT/ADDRESS/TOPIC Conditional use parking lot 3030 Darbo Dr.

YOUR NAME Craig Henriksen DATE 6/18/12

YOUR ADDRESS 605 Columbus St. Sun Prairie

Please check the appropriate boxes:

☒ **Support**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Do not wish to speak

☐ Do not wish to speak

☒ Available to answer questions

☐ Available to answer questions

☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)

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

The Salvation Army, 3030 Darbo Dr., 250-2257

Are you being paid for your representation?

☐ Yes

☐ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes

☐ No

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

☐ Yes

☐ No

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. #9 SUBJECT/ADDRESS/TOPIC Darbo Parking Lot  
YOUR NAME Dace A. Zeps DATE 6/18/2012  
YOUR ADDRESS 3013 Worthington Ave

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                                 | <input checked="" type="checkbox"/> Oppose             | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  |
| <input type="checkbox"/> Do not wish to speak                    | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions           | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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☐ Yes ☐ No

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☐ Yes ☐ No

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