	PLAN COMMISSION REGISTRATION FORM	@ Wext fleeting
AGENDA ITEM NO. ( ) SU	BJECT/ADDRESS/TOPIC	OORLAND
YOUR NAME LOUPOLG	agius Date	9-12-12
YOUR ADDRESS 1/14 MOOR	sland Bd Mad	ISON
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 <i>(If you answered "no," STOP; you need not a</i> 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 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.)	luties for this person or organization? s, <b>STOP.</b> You need not complete the rest of t	His form.
Are you an elected official or employee who is 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 form	Yes No
If you are being paid for your representation,	or if your appearance is part of other paid du	ities, please be advised that:
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an author	rization with the City Clerk.
	ze you to lobby unless the principal is regist	-
3. If your principal spends or will owe more principal must file expense statements with	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.
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more information Date <u>12-12</u> S	ignature	he Clerk's Office at Room 103 of the City-
PLAN COMMIS (Public Hearing)	SION PUBLIC HEARING GENERAL IN ngs normally begin at 6:00 p.m. or short	NFORMATION y thereafter)
1. Applicants or their agents are requested to questions until their item is voted on.	register, appear, and explain their proposal	Applicants are also requested to remain for
answer any questions. The Commission w Commission shall be addressed to the Cha		he speakers. All questions directed to the
2. Public Hearing items may be called at any agenda, which means that the Commission opposition regardless of its placement on the second seco	time after the beginning of the public heari n can consider any item at 6:00 p.m. where t the agenda.	ng. The Plan Commission uses a consent here are no registrants wishing to speak in

- 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.

			SPEA	K-Pui	3-1-C
		PLAN COMMISSION		HE	aring
		<b>REGISTRATION FORM</b>	æ	Next h	resting
A	GENDA ITEM NO SU	BJECT/ADDRESS/TOPIC NOB	HIT	APAR	MENTS
Y	DUR NAME LISA FREE	DATE	9	-12-12	)
Y			disor	why a	53713
Ple	ease check the appropriate boxes:				·
ţ	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		ot wish to	E.
	Available to answer questions	Available to answer questions	🗖 Avail	able to an	swer questions
(If	you answered "no," <b>STOP</b> ; 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 repres	ed "yes," go	• Yes on to the ne	X No ext questions.)
Are	e you being paid for your representation?			<b>Y</b> es	🗖 No
(If)	e you appearing as part of your other paid o you answered "no" to both these question ou answered "yes," please continue.)	duties for this person or organization? s, <b>STOP.</b> You need not complete the rest of t	his form.	🛛 Yes	D No
for (lf)	your municipality or other governmental ty your answered "yes" to the question, STOP	is appearing solely on behalf of your office of oody? P. You need not complete the rest of this forn "no" to the question, go on to the next quest	ı except	🛛 Yes	🗋 No
If y	you are being paid for your representation,	or if your appearance is part of other paid du	ities, please	be advised t	hat:
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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 replication to the City Clerk for the remaining quarters	porting perio of the calend	od (calendar lar year.	six months), the
(Pl Coi	ease go to the City Clerk's website <u>www.ci</u> unty Building, Madison, for more informat	i <u>tvofmadison.com/clerk/index.html</u> or go to t ion.)	he Clerk's O	ffice at Root	m 103 of the City-
Dat	e 9-12-12	Signature <u>GUAQUATE</u>	RAS	50000000000000000000000000000000000000	
	PLAN COMMIS (Public Heari	SSION PUBLIC HEARING GENERAL IN ngs normally begin at 6:00 p.m. or short	VFORMATI	<b>ON</b> r)	
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	Members of the Commission may have q	uestions of the speakers when they are finish will not engage in discussion or debate with t air.	ned. Howeve the speakers.	r, speakers a All question	are not required to ns directed to the
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3.	The most effective statements are brief, w please so indicate rather than repeating th	vell organized, and avoid repetition. If you as lose statements.	gree with the	e statement o	of a prior speaker,

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Spike

SPEAK #1 (ZILBER VP)

ACENIDA ITENANO HII GI				
AGENDA ITEM NO. <u>#11</u> SU		HILL APARTMEN	TS	
YOUR NAME MIKE MERN	<b>DATI</b>	E <u>9-12-12</u>		
YOUR ADDRESS TID N. PLANKINTON, MILLOAUKEE, WI				
Please check the appropriate boxes:	•	•		
Support	<b>Oppose</b>	□ Neither Support ]	Nor Oppose	
Wish to speak (3 min. limit)	□ Wish to speak (3 min. limit)	□ Wish to speak		
Do not wish to speak	$\Box$ Do not wish to speak	$\Box$ Do not wish to		
$\Box$ Available to answer questions	Available to answer questions		~	
At this meeting are you representing a (If you answered "no," STOP; you need not of Name, address and telephone number of ea ZILBER, LTD.	complete the rest of this form. If you answe the person or organization you are repre	an yourself: Yes ared "yes," go on to the ne 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.)	luties for this person or organization? s, STOP. You need not complete the rest of	this form.	D 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	The Yes	A No	
If you are being paid for your representation,	or if your appearance is part of other paid o	luties, please be advised t	hat:	
	ist, you or your principal must file an auth			
	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 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.ci</u> County Building, Madison, for more informati	t <u>vofmadison.cøm/clerk/index.html</u> or go to on.)	the Clerk's Office at Roo	m 103 of the City-	
Date 9-12-12 S	ignature			
<u>PLAN COMMIS</u> (Public Hearir	SION PUBLIC HEARING GENERAL ngs normally begin at 6:00 p.m. or shor	INFORMATION tly thereafter)		

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SPEAK #Z

Spathe

A	GENDA ITEM NO. #11 SUBJECT/ADDRESS/TOPIC ARCHITELT FOR PROJECT
Y	OUR NAME - TONATHAN BRINKLEY DATE 9-12-12 NOB HILL APAGEMENT
Y	OUR ADDRESS 229 E. DIVISION ST., FOND DU LAC, WI
	ease check the appropriate boxes:
>	Support D Oppose D Neither Support Nor Oppose
	Wish to speak (3 min. limit) Ush 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
(lf Na	this meeting are you representing an organization or a person other than yourself: Yes INO you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) me, address and telephone number of each person or organization you are representing:
Ar	e you being paid for your representation?
(If	e you appearing as part of your other paid duties for this person or organization? you answered "no" to both these questions, STOP. You need not complete the rest of this form.
for (1f	e you an elected official or employee who is appearing solely on behalf of your office or your municipality or other governmental body? you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form except at 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.
(Pl Co	ease 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- unty Building, Madison, for more information.)
Da	te <u>9-12-12</u> Signature Ministry Sully
	PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)
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Spekke

SPEAK #3 (MANAGEMENT COMPANY)

AGENDA ITEM NO. #11 SU	JBJECT/ADDRESS/TOPIC				
YOUR NAME DEWAYNE	Pohl DAT	TE 9-12-12			
YOUR ADDRESS 5218 R	dal OAK Dr. MAdison	N, WI 53704			
Please check the appropriate boxes:					
X Support	<b>Oppose</b>	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	$\Box$ Do not wish to speak			
$\Box$ 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 statement.	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)			
NOB HILL APARTMENTS	LLC	resenting:			
	•				
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.			
Are you an elected official or employee who for your municipality or other governmental ( <i>If you answered "yes" to the question,</i> <b>STO</b> <i>that you must sign this form. If you answered</i>	oody? P. You need not complete the rest of this fo	The Yes			
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 lobb	1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
	ize you to lobby unless the principal is reg	-			
principal must file expense statements wi	ith the City Clerk for the remaining quarte	<b>A P</b>			
(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informat	i <u>tvofmadison.com/clerk/index.htm</u> or go t ion.)	o the Clerk's Office at Room 103 of the City-			
Date 9-12-12	Signature				
PLAN COMMIS (Public Heari	SSION PUBLIC HEARING GENERAL ngs normally begin at 6:00 p.m. or sho	<u>INFORMATION</u> prtly thereafter)			
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Members of the Commission may have q answer any questions. The Commission y Commission shall be addressed to the Ch	vill not engage in discussion or debate wit	ished. However, speakers are not required to h the speakers. All questions directed to the			

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PLAN COMMISSION **REGISTRATION FORM** 

Spake

SPEAK #4 (ZILBER FOUNDATION)

AGENDA ITEM NO. #11 SU	BJECT/ADDRESS/TOPIC NOT	3 HILL APARTMENTS		
		TE 9-12-12		
YOUR ADDRESS 710 N. PL	ANKINTON, MILW	AUKEE		
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)		
$\Box$ Do not wish to speak	$\Box$ Do not wish to speak	Do not wish to speak		
$\Box$ 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 Name, address and telephone number of ea	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)		
ROMAL CAPITAL GROU	P			
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.)		of this form.		
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, <b>STOP</b> . 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	l duties, please be advised that:		
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an au	horization with the City Clerk.		
2. Your principal is not permitted to authori	ze you to lobby unless the principal is reg	gistered with the City Clerk.		
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 period (calendar six months), the ers of the calendar year.		
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informati	<u>tvofmadison.com/clerk/index.html</u> or go t ion.)	o the Clerk's Office at Room 103 of the City-		
Date 9-12-12 S	ignature Terry	K		
PLAN COMMIS (Public Hearing)	SION PUBLIC HEARING GENERAL ngs normally begin at 6:00 p.m. or sh	<u>- INFORMATION</u> ortly thereafter)		
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Spoke

SPEAK #5 (ROYAL CAPITAL PRESIDENT)

AGENDA ITEM NO. #11 SU	BJECT/ADDRESS/TOPIC	3 HILL APARMENTS			
YOUR NAME KEVIN NEWELL DATE 9-12-12					
YOUR ADDRESS TIO N. PLANKINTON AVE, MILDAUKEE, WI					
Please check the appropriate boxes:		· · · ·			
Support	<b>Oppose</b>	□ 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			
$\Box$ Available to answer questions	Available to answer questions	s $\Box$ Available to answer questions			
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of ea POINT CAPITAL GROUP	complete the rest of this form. If you answ ach person or organization you are rep	vered "yes," go on to the next questions.) resenting:			
Are you being paid for your representation?		I 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, <b>STOP.</b> You need not complete the rest	of this form.			
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, <b>STOP</b> . 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 authori					
<ol><li>If your principal spends or will owe more principal must file expense statements wi</li></ol>	than \$1,000 for lobbying services in any th the City Clerk for the remaining quart	reporting period (calendar six months), the ers of the calendar year.			
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	<u>tvofmadison.com/clerk/index.html</u> or go i ion.)	to the Clerk's Office at Room 103 of the City-			
Date 9-12-12 S	Signature A Company				
(Public Heari	SION PUBLIC HEARING GENERAL	ortly thereafter)			
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Members of the Commission may have quantum answer any questions. The Commission we Commission shall be addressed to the Characteria	vill not engage in discussion or debate wi	nished. However, speakers are not required to the the speakers. All questions directed to the			

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PLAN	COMMIS	SION
<b>REGIST</b>	RATION	FORM

SPERK #6 (ZILBER CED)

Spoke

AGENDA ITEM NO. #11 SUBJECT/ADDRESS/TOPIC NOB HILL APARTMENTS		
YOUR NAME JIM BORRIS DATE 9-12-12		
YOUR ADDRESS TIO N. PLANKINTON, MILLAUKEE, WI		
Please check the appropriate boxes:		
Support 🛛 Oppose 🗆 Neither Support Nor Oppose		
Wish to speak (3 min. limit) Ush to speak (3 min. limit) Ush 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: $\forall Yes \square No$ (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: $\exists LBER, \Box D$ .		
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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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>9-12-17</u> Signature		
PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)		
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9 jake

	BENDA ITEM NO!			HUY		• .
YC	OUR NAME <u>Patrick</u> OUR ADDRESS <u>3601</u>	5allagher	DATE	9/17	112	
YC	UR ADDRESS <u>3601</u>	N. Hackett Ave	., Shurer	Noor		
Ple	ase check the appropriate boxe	s:				
	] Support	Oppose		Neither 3	Support N	lor Oppose
	Wish to speak (3 min. limit)	$\Box$ Wish to speak (3)			~ ~	(3 min. limit)
	Do not wish to speak	Do not wish to sp	eak	Do ne	ot wish to	speak
	Available to answer question	ons 🛛 Available to answ	ver questions	🗖 Avail	able to an	swer questions
(lf y	this meeting are you representivou answered "no," STOP; you need ne, address and telephone number Nob Hyll Apar	not complete the rest of this fo	rm. If you answere on you are represe	yourself: d "yes," go	🗹 Yes	D No
Are	you being paid for your representation	on?			Yes	A No
(lf y	you appearing as part of your other j you answered "no" to both these que you answered "yes," please continue.	stions, STOP. You need not con	ganization? nplete the rest of th	iis form.	Yes Yes	🛛 No
for (If y	you an elected official or employee your municipality or other governme you answered "yes" to the question, S you must sign this form. If you answ	ntal body? S <b>TOP.</b> You need not complete t	he rest of this form	except	🛛 Yes	🛛 No
If y	ou are being paid for your representa	ion, or if your appearance is pa	art of other paid du	ties, please	be advised t	hat:
1.	Before you engage in lobbying as a	obbyist, you or your principal	must file an author	ization with	the City Cl	erk.
2.	Your principal is not permitted to an				•	
3.	If your principal spends or will owe principal must file expense statement	more than \$1,000 for lobbying ts with the City Clerk for the re	services in any rep emaining quarters o	orting perio of the calence	od (calendar lar year.	six months), the
(Ple Cou	ease go to the City Clerk's website <u>w</u> nty Building, Madison, for more info e 9/12/12	<u>ww.cityofmadison.com/clerk/ind</u> rmation.) Signature	<u>dex.html</u> or go to th DAM	e Clerk's O	ffice at Root	m 103 of the City-
	PLAN COI (Public F	IMISSION PUBLIC HEARII learings normally begin at 6	NG GENERAL IN 00 p.m. or shortly	FORMATI	<b>ON</b> r)	
1.	Applicants or their agents are reques questions until their item is voted on	ted to register, appear, and exp	lain their proposal.	Applicants	are also req	uested to remain for
	Members of the Commission may have	we questions of the speakers w	hen they are finish	ed Howeve	r sneakers s	re not required to

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Spoke

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AGENDA ITEM NO. (11) SU	BJECT/ADDRESS/TOPIC	OORLAND	•	
YOUR NAME Terest BLA	cheland DAT	E <u>9-12-12</u>		
YOUR ADDRESS /// MOON	IAND BD. #8 MAD	ison, wI.5	3713	
Please check the appropriate boxes:		,	~	
<b>Support</b>	<b>Oppose</b>	□ Neither Support	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 a $(If you answered "no," STOP; you need not Name, address and telephone number of e 1000 H; IL ARASHM$	complete the rest of this form. If you answ ach person or organization you are repr	ered "yes," go on to the	□ No next questions.)	
Are you being paid for your representation?		🖵 Yes	Z-No	
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		This form.	No 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, <b>STOP.</b> 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 advise	d that:	
1. Before you engage in lobbying as a lobb	yist, you or your principal must file an aut	horization with the City	Clerk.	
2. Your principal is not permitted to author	ize you to lobby unless the principal is reg	istered with the City Cle	erk.	
3. If your principal spends or will owe mor 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 (calend rs of the calendar year.	lar six months), the	
(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informa	tion.)	^	oom 103 of the City-	
Date 9-12-12	Signature Trons Burkl	land	<u>.</u>	
(Public Hear	SSION PUBLIC HEARING GENERAL ings normally begin at 6:00 p.m. or sho	ortly thereafter)	equested to remain for	
questions until their item is voted on.		- FF mot and anot a		

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Spoke

AGENDA ITEM NO. (11) SUBJECT/ADDRESS/TOPIC 108 MOORLAND 20
YOUR NAME TVAN CYARS DATE 9/12/12
YOUR ADDRESS 110 & MOORLAND RJ. # 8, MADISON, WI 57713
Please check the appropriate boxes:
Support Dppose Disther Support Nor Oppose
Wish to speak (3 min. limit) Ush to speak (3 min. limit) Ush 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 (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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(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 9/12/12 Signature
PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION
(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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# Gpiles

# PLAN COMMISSION REGISTRATION FORM

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AGENDA ITEM NO. (II) SUBJECT/ADDRESS/TOPIC MOORLAND			
YOUR NAME <u>Sheffie Pierce</u> DATE			
YOUR ADDRESS 1108 Moo	rland Rd # 214 1	Madison, WI	53713
Please check the appropriate boxes:			
🖬 Support	Oppose	<b>]</b> Neither Support N	or Oppose
Wish to speak (3 min. limit)	□ Wish to speak (3 min. limit)	□ Wish to speak (.	3 min. limit)
$\Box$ Do not wish to speak	Do not wish to speak	Do not wish to a	speak
$\Box$ 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 yourself: (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, <b>STOP.</b> You need not complete the rest of this form. If you answered "yes," please continue.)			
Are you an elected official or employee who for your municipality or other governmental l (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	m except	P No
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(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informat Date <u>Supp</u> 12,2012	ityofmadison.com/clerk/index.html or,go to i tion.) Signature	the Clerk's Office at Room	103 of the City-
PLAN COMMI (Public Hear	SSION PUBLIC HEARING GENERAL I ings normally begin at 6:00 p.m. or short	NFORMATION tly thereafter)	
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Members of the Commission may have c answer any questions. The Commission	uestions of the speakers when they are finis will not engage in discussion or debate with	hed. However, speakers a the speakers. All question	re not required to as directed to the

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PLAN	COMMIS	SION
REGIST	<b>FRATION</b>	FORM

Spoke

AGENDA ITEM NO. (1) SUBJECT/ADDRESS/TOPIC MOORLAND			
YOUR NAME Kepe greek DATE 4-12-212			
YOUR ADDRESS 1/06 WORD OUTO D. + 2/1			
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: $\Box$ Yes $\Box$ No (If you answered "no," <b>STOP</b> ; 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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(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 4-12-21 Signature Kener 4720			
PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)			
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PLAN COMMISSION					
REGISTRATION FORM					
A	GENDA ITEM NO.	JBJECT/ADDRESS/TOPIC    (	NO M		
	DUR NAME		<u>28 Mo</u> TE(	OKL	200
Y	DUR ADDRESS <u><math>33/0</math></u>	Ley HN hN -			
Pl	ease check the appropriate boxes:	- Contraction of the second se			
i	□ Support	Oppose	□ Neither S	Support 1	Nor Oppose
	□ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	🛛 Wish	to speak	(3 min. limit)
	$\Box$ 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 ar	swer questions
At (If	this meeting are you representing you answered "no," STOP; you need not	an organization or a person other th t complete the rest of this form. If you answ	nan yourself: vered "ves." go	<b>D</b> Yes on to the n	No ext questions )
		each person or organization you are rep			
	· · · · · · · · · · · · · · · · · · ·			****	
Are	e you being paid for your representation?			🛛 Yes	D No
(If)	e you appearing as part of your other paid you answered "no" to both these question ou answered "yes," please continue.)	duties for this person or organization? ns, STOP. You need not complete the rest of	of this form.	🛛 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.)					
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(Ple Con	ease go to the City Clerk's website <u>www.c</u> ınty Building, Madison, for more informa	<u>zitvofmadison.com/clerk/index.html</u> or go t ttion.)	o the Clerk's Of	fice at Roo	m 103 of the City-
Dat	e	Signature			
PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION					
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC MORLANI	D ROAD	CONIDITIONA 1050		
YOUR NAME NATALIE ERDMAN DATE				
YOUR ADDRESS 215 MARTIN LUTHER KING	JR B	\vd		
Please check the appropriate boxes:				
□ Support □ Oppose	r 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	peak		
$\Box$ Available to answer questions $\Box$ Available to answer questions $\checkmark$ Available to answer questions	ailable to ans	wer questions		
At this meeting are you representing an organization or a person other than yourself: Yes INO (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?	Q 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, <b>STOP.</b> 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, <b>STOP</b> . 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	D No		
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Date 9.12.12 Signature Natcher Erdman				
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PLAN COMMISSION REGISTRATION FORM				
	REGISTRATION FORM	MOORLAND		
AGENDA ITEM NO. ( II) SU	BJECT/ADDRESS/TOPIC			
YOUR NAME <u>ENIS</u> G	-	9-12-12		
YOUR ADDRESS <u>11/4 MONA</u>	21AND RO #108			
Please check the appropriate boxes:				
Support	Doppose 🕺	Neither Support Nor Oppose		
□ Wish to speak (3 min. limit)	Generation Wish to speak (3 min. limit)	□ Wish to speak (3 min. limit)		
$\Box$ Do not wish to speak	Do not wish to speak	Do not wish to speak		
$\Box$ 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	complete the rest of this form. If you answer	ed "yes," go on to the next questions.)		
Are you being paid for your representation?		TYes (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, <b>STOP.</b> You need not complete the rest of t	His form.		
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AGENDA ITEM NO. ( \\ ) SU	BJECT/ADDRESS/TOPIC_11C	8 MOORLAN	J0.	
YOUR NAME Captain	Joe Belles DATI	~	2	
YOUR ADDRESS 825H	sahes PI Madiso	<u> </u>		
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 (.		
$\Box$ Do not wish to speak	Do not wish to speak	Do not wish to speak		
$\Box$ Available to answer questions	Available to answer questions			
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Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	uties for this person or organization? , <b>STOP.</b> You need not complete the rest of	this form.	D No	
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Date 9/12/12 S	ignature			
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