AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC 306	- W. Main
	lexander DATE	10/15/12
YOUR ADDRESS 38 5.	Henry St.	
Please check the appropriate boxes:	7	
≱ Support	□ Oppose □	l 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	n organization or a person other than complete the rest of this form. If you answere	n yourself: Fes No ed "yes," go on to the next questions.)
Name address and telephone number of ea	nch person or organization you are repres	enting: 608 843 (131
145 E. Badger for	2 200 Madiso	1, 53713
Are you being paid for your representation?		Kes 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 t	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	oody? •• You need not complete the rest of this form	yes ZNo
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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	ze you to lobby unless the principal is regist	
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.
(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, Madi s on, for more information.)		
Date 10/15/12 S	Signature And Control of the Control	" ~~

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

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AGENDA ITEM NO. II SUBJECT/ADDRESS/TOPIC 306, W. MAIN 57
YOUR NAME MICHIEL MAY DATE 10/15
YOUR ADDRESS 533 W, MAM ST. #307 53703
Please check the appropriate boxes:
Support U Oppose U 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: \(\sigma\) Yes \(\sigma\) 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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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clark's Office at Room 103 of the City-County Building, Madison, for more information.) Date Signature

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YOUR NAME	AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC (//	MAN
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Wish to speak (3 min. limit)	Please check the appropriate boxes:		
Do not wish to speak	Support	□ Oppose [Neither Support Nor Oppose
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	DateS	Signature	

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AGENDA ITEM NO. // SU	BJECT/ADDRESS/TOPIC 304	ow Main St.
YOUR NAME Jonethan	7	&
YOUR ADDRESS 2085, 4	Jenry St., Modison	53703
Please check the appropriate boxes:		
Support	☐ Oppose	1 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 answer	red "yes," go on to the next questions.)
Name, address and telephone number of examples of the second seco	Steering Cour Hee to	senting: by the 306 w. Moin
Are you being paid for your representation?	• •	☐ Yes ☐ No
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T	ize you to lobby unless the principal is regis	· ·
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AGENDA ITEM NO. // SUBJECT/ADDRESS/TOPIC 306 W.	Main Street
YOUR NAME Ald. Mike Veryeer DATE 19	/ /
YOUR ADDRESS 614 W. Doty street, #407	
Please check the appropriate boxes:	
Support ☐ Oppose ☐ Neither	Support Nor Oppose
	a to speak (3 min. limit)
	not wish to speak
man and the second seco	lable to answer questions
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AGENDA ITEM NO. 2165 SUBJECT/ADDRESS/TOPIC 306 DATE 40 / 0 / 16 - (2 YOUR NAME 40 / 16 - (2 YOUR ADDRESS 309 (2). (a). (a). (a). (a). (b). (a). (b). (b). (b). (b). (c). (c). (c). (c). (c). (c). (c). (c			/ 1
Please check the appropriate boxes: Support	AGENDA ITEM NO. 2265 SU	BJECT/ADDRESS/TOPIC <u>30 C</u>	Willey St. / Algane
Please check the appropriate boxes: Support	YOUR NAME Tony MA	<u>les</u> DATE	\$ 10-15-12
□ Support □ Oppose □ Neither Support Nor Oppose □ 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? Are you appearing as part of your other paid duties for this person or organization? [If you answered "yes," please continue.) Are 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.	YOUR ADDRESS 309 (). (Dashiy by fre, to	- 206
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(Please go to the City Clark's website young cityofmadison com/clark'in day by the law on to the Clark's website young cityofmadison com/clark'in day by the law on to the Clark's website young	If your principal spends or will owe more principal must file expense statements will be a second principal must file expense statements.	e than \$1,000 for lobbying services in any repith the City Clerk for the remaining quarters of	porting period (calendar six months), the of the calendar year.
County Building, Madison, for more information.) Date/O-15-12Signature	County Building, Madison, for more informat	tion.)	ne Clerk's Office at Room 103 of the City-

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC 300	W. Main St.
YOUR NAME Bill White	DAT	E_10-15-12
YOUR ADDRESS 15. Pin	ckney	
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	ered "yes," go on to the next questions.)
Name, address and telephone number of earthe Alexander Company	ach person or organization you are repr Loc. (608) 25	esenting: 8 ~5580
145 E. Badger Rd., Stc.	700	
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	f this form.
Are you an elected official or employee who for your municipality or other governmental the (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? ?. You need not complete the rest of this fo	rm except Yes No
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	ze you to lobby unless the principal is regi	
3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in any that the City Clerk for the remaining quarter	reporting period (calendar six months), the softhe calendar year.
(Please go to the City Clerk's website www.ci County Building, Madison, for more informated Date 1015 12	tyofmadison.com/clerk/jvellex html or go to	the Clark's Office at Room 103 of the City-

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AGENDA ITEM NO\\ SU	BJECT/ADDRESS/TOPIC 306	W. Main St.
YOUR NAME Adam Wink	DATE	10-15-12
YOUR ADDRESS 500 Brook	Karde Dr., Hat. 108	
Please check the appropriate boxes:	, ,	,
Support	□ Oppose □	l 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 answere	ed "yes," go oh to the next questions.)
Name, address and telephone number of early 1 Iv Alexander Company 1 Iv 145 E. Badger Ro., 54c. 20	\c\ \(\lambda \)	
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.)	duties for this person or organization? s, STOP. You need not complete the rest of t	his form. Yes INO
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Date 10-15-12 S	Signature A	

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC 306 W. MAIN ST.
YOUR NAME JOHN SEAMON DATE 10.15.12
YOUR ADDRESS 901 DEMING WAY MADEN WI 53717
Please check the appropriate boxes:
Support
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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Name, address and telephone number of each person or organization you are representing:
145 E. BADGER ST. MADISON, WI 268-8100
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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