AGENDA ITEM NO. 526 SUBJECT/ADDRESS/TOPIC PACIFIC CYCLE
YOUR NAME Chais HORNUNG DATE FEB 4
YOUR ADDRESS 7719 Gaeenwood Rd., Vers-A W1 53553
Please check the appropriate boxes:
☑ Support ☐ Oppose ☐ Neither Support Nor Oppose
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:
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 <u>Feg 4, 2013</u> Signature

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 5+6 SUBJECT/ADDRESS/TOPIC 4902 - 4908 UMMERSLYB PO
YOUR NAME ROSED FRUIT DATE 1/4/13
YOUR ADDRESS 6917 RAMSEY RD / 901 DEMINI, LAY
Please check the appropriate boxes: (Hame (6FRICE)
☑ Support ☐ Oppose ☐ Neither Support Nor Oppose
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☐ 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. 546 SUBJECT/ADDRESS/TOPIC Buile Cyll.
YOUR NAME LARRY DIATE 2/4/13
YOUR ADDRESS 1506 Carneron Ar.
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:  Orefund Seagle Meighborhood Osso President
- The application of the state
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 2/4/13 Signature Duy Melsen .

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AGENDA ITEM NO. <u>546</u> SU	BJECT/ADDRESS/TOPIC		
YOUR NAME Robert SI	ZV/S DATE Z	14/2015	****
YOUR ADDRESS 4502 NA	MERCIST Rd		
Please check the appropriate boxes:			
Support	□ Oppose □ Nei	ither Support l	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	swer questions
(If you answered "no," STOP; you need not	an organization or a person other than you complete the rest of this form. If you answered "ye	es," go on to the n	□ No ext questions.)
Name, address and telephone number of e	ach person or organization you are representing	<b>g:</b>	
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Are you being paid for your representation?		Yes	<b>⊠</b> 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 for	☐ Yes	No 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 exce "no" to the question, go on to the next questions.	Yes Ppt	Mo Mo
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3. If your principal spends or will owe mor principal must file expense statements w	e than \$1,000 for lobbying services in any reportin ith the City Clerk for the remaining quarters of the	ig period (calendar e calendar year.	six months), the
County Building, Madison, for more informa	ityofmadison.com/clerk/index.html or go to the Cletion.) Signature	erk's Office at Roc	om 103 of the City-

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AGENDA ITEM NO. CTC SUB.	JECT/ADDRESS/TOPIC	
YOUR NAME AT 12 TIME	JATE_	
YOUR ADDRESS 4902 Hamm	oth Road Mudson	J_
Please check the appropriate boxes:		
☐ Support □	l 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
☐ Available to answer questions 〔	☐ Available to answer questions	☐ Available to answer questions
At this meeting are you representing an (If you answered "no," STOP; you need not con	implete the rest of this form. If you answered	d "yes," go on to the next questions.)
Name, address and telephone number of each		<b>-</b> .
PRO- PAUFICA	y ole	,
Are you being paid for your representation?	,	☐ Yes ☐ No
Are you appearing as part of your other paid dur (If you answered "no" to both these questions, If you answered "yes," please continue.)	ties for this person or organization?  STOP. You need not complete the rest of th	is form.
Are you an elected official or employee who is a for your municipality or other governmental boo (If you answered "yes" to the question, STOP. I that you must sign this form. If you answered "n	dy? You need not complete the rest of this form	□ Yes □ No except
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Date 2/4/12 Sig	gnature May 54	

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* -	BJECT/ADDRESS/TOPIC Pacific	c Cycle	
YOUR NAME DAVID WOL	dseth DATE	2-4-13	
YOUR ADDRESS 38 White	cond Coule, Madisan W	1 537/1	
Please check the appropriate boxes:	,		
☐ Support	D Oppose	l 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			No ct questions.)
Name, address and telephone number of ea	ach person or organization you are repres	enting:	
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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? s, STOP. You need not complete the rest of the	Yes his form.	☑ No
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AGENDA ITEM NO. 5+6 SUBJECT/ADDRESS/TOPIC Pac Succesce	
YOUR NAME 11/ ovg wet Scottner DATE 2-4-13	
YOUR ADDRESS 28 Whitcombac side	
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. 15/4 / SU	BJECT/ADDRESS/TOPIC PAC/	FIL CYCLE H	AMMERSLEY Ra
YOUR NAME YATHY YOY	DATE	2/4/13	) of FICE
YOUR ADDRESS 42 (0) 1	COMB CIRCLE	/ 7	C X PTIN )
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	
☐ 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	-
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answer	n yourself: 🏻 Yes red "yes," go on to the ne	□ No
Name, address and telephone number of ea	nch person or organization you are represented the second of the second	senting:	•
Are you being paid for your representation?		☐ Yes	₩ No
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	ze you to lobby unless the principal is regist		
<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 re th the City Clerk for the remaining quarters	porting period (calendar of the calendar year.	six months), the
(Please go to the City Clerk's website www.ci County Building, Madison, for more informat	tyofmadison.com/clerk/index.html or 90 to t		m 103 of the City-
Date $\frac{2/4//3}{}$	Signature July Time	usen)	
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AGENDA ITEM NO 175 6.7. Set	BIECT/ADDRESS/TOPIC		•
YOUR NAME Many Kover	4	2-4-13	>
		101 500	)
	contlen Madson,	41 53/1/	
Please check the appropriate boxes:			
☐ Support	Oppose	l 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 Name, address and telephone number of each	complete the rest of this form. If you answere	ed "yes," go on to the nex	☐ No t questions.)
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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? s, STOP. You need not complete the rest of t	☐ Yes his 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, STO) that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	Yes Yes	□ No
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	ze you to lobby unless the principal is registe		•
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Date $2 - 4 - 13$	Signature Mary Karen	Vosgar	
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		() < ()
AGENDA ITEM NO. <u>58</u>	SUBJECT/ADDRESS/TOPIC	Pacific Lycle
YOUR NAME	e Marcoe	DATE 7-4-13
YOUR ADDRESS 6	Whiteanh Gircle, 1	Madison WI 53711
Please check the appropriate	boxes:	
☐ Support	□ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min.	limit) Wish to speak (3 min. li	mit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer q	uestions	estions
(If you answered "no," STOP; you	esenting an organization or a person of uneed not complete the rest of this form. If you make the of each person or organization you a	ou answered "yes," go on to the next questions.)
Are you being paid for your repres	sentation?	☐ Yes ☐ No
	other paid duties for this person or organizati se questions, <b>STOP.</b> You need not complete t tinue.)	
for your municipality or other government (If you answered "yes" to the question.	loyee who is appearing solely on behalf of your ernmental body?  Stion, STOP. You need not complete the rest of answered "no" to the question, go on to the	of this form except
If you are being paid for your repr	esentation, or if your appearance is part of ot	her paid duties, please be advised that:
1. Before you engage in lobbyin	g as a lobbyist, you or your principal must fil	le an authorization with the City Clerk.
2. Your principal is not permitte	d to authorize you to lobby unless the princip	oal is registered with the City Clerk.
3. If your principal spends or will principal must file expense sta	Il owe more than \$1,000 for lobbying service atements with the City Clerk for the remaining	es in any reporting period (calendar six months), the g quarters of the calendar year.
(Please go to the City Clerk's web. County Building, Madison, for mo	site <u>www.cityofmadison.com/clerk/index.htm.</u> re information.)  Signature <i>Mulle</i>	l or go to the Clerk's Office at Room 103 of the City-

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 5 - 6 SU	JBJECT/ADDRESS/TOPIC Tech	fic Cycle
YOUR NAME AAN SORU	NCMTZ DAT	E 2/4//3
YOUR ADDRESS 20 WINT	comb Circle	
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 (If you answered "no," STOP; you need not		
Name, address and telephone number of e		A4-
White the state of	7/0	Coffage Brove Ra
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.)		of 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? <b>P.</b> 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:
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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 (calendar six months), the ers of the calendar year.
(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informa	tion.)	o the Clerk's Office at Room 103 of the City-
Date_9/9/(3	Signature Dun U. Al	wayt

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AGENDA ITEM NO. 5+6 SU	BJECT/ADDRESS/TOPIC Va?	Ac Cycle	
YOUR NAME CASTUDGE	DOUGE DATE	2/4/13	
YOUR ADDRESS 7005 H	abbard Are, Mydlefor	7	
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			☐ No ext questions.)
Name, address and telephone number of each white was	ach person or organization you are repre-	senting:	
Are you being paid for your representation?		<b>∠</b> 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 this form.	Q-No
Are you an elected official or employee who for your municipality or other governmental language (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 for	n except	☑ No ·
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please be advised t	hat:
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2. Your principal is not permitted to author	ize you to lobby unless the principal is regis	tered with the City Clerk	
If your principal spends or will owe more principal must file expense statements with the statements will be a second or will over a second or will only only or will over a second or will only or will over a second or will only or wi	e than \$1,000 for lobbying services in any reith the City Clerk for the remaining quarters	eporting period (calendar of the calendar year.	six months), the
(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informat	ityofmadison.com/clerk/index.html or go to	the Clerk's Office at Room	m 103 of the City-
Date 2/4/13	Signature ( )	7	

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AGENDA ITEM NO. J. SUBJECT/ADDRESS/TOPIC	itic Lycle	
YOUR NAME SHERMAN GOIS DAT	E_2,7.13	
YOUR ADDRESS / Zn more to MB Cox		
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?	☐ 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.)	of this form.	
Are you an elected official or employee who is appearing solely on behalf of your office for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this for that you must sign this form. If you answered "no" to the question, go on to the next question,	Yes No	
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Date 2. 4.13 Signature Signature	Yeil	

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AGENDA ITEM NO. 5 C SU	BJECT/ADDRESS/TOPIC <u> </u>	IFR CYCLE
YOUR NAME LISA HA	AS DATE	0/4/13
YOUR ADDRESS 34 WHOT	COMB CIRCLE MAI	DISON W/ 537//
Please check the appropriate boxes:		
upport	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 \(\sum_{No}\) 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 ea	ch person or organization you are represe	enting:
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 this person or organization?  In this person or organization?	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	ody? • You need not complete the rest of this form	Yes No
If you are being paid for your representation, or	or if your appearance is part of other paid du	ies, please be advised that:
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an author.	ization with the City Clerk.
	ze you to lobby unless the principal is registe	
3. If your principal spends or will owe more	than \$1,000 for lobbying services in any rep h the City Clerk for the remaining quarters of	orting period (calendar six months) the
(Please go to the City Clerk's website www.cit County Building, Madison, for more informati Date	tyofmadison.com/clerk/index.html or go to the on.) ignature	e Clerk's Office at Room 103 of the City-
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AGENDA ITEM NO. 34 SUBJECT/ADDRESS/TOPIC Was fix Cycles
YOUR NAME ( RISTINA April DATE 2-4/3
YOUR ADDRESS 40 WHITCOMD CHALLS, MACISON, WI 5379
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: \(\simeg \) Yes \(\simeg \) 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?
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AGENDA ITEM NO. $\frac{5}{6}$ SUBJECT/ADDRESS/TO	OPIC PACIFIC Chole
YOUR NAME JOHN CAPUTO	DATE 2-4-13
YOUR ADDRESS 40 WHIT COMB & IRCHE	
Please check the appropriate boxes:	
☐ Support ☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 n	min. limit)
Do not wish to speak	eak Do not wish to speak
☐ Available to answer questions ☐ Available to answ	ver questions
At this meeting are you representing an organization or a per (If you answered "no," STOP; you need not complete the rest of this for Name, address and telephone number of each person or organization	rm. If you answered "yes," go on to the next questions.)
Are you being paid for your representation?	☐ Yes
Are you appearing as part of your other paid duties for this person or org (If you answered "no" to both these questions, STOP. You need not com If you answered "yes," please continue.)	ganization?
Are you an elected official or employee who is appearing solely on beha for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the that you must sign this form. If you answered "no" to the question, go or	he rest of this form except
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AGENDA ITEM NO. <u>546</u> SU	JBJECT/ADDRESS/TOPIC	Pacific Cuclo
YOUR NAME Dexise Spahn	DATE	2/4/13
YOUR ADDRESS 36 Whit	comb Cir Madison	WI 53711
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 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 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.
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? <b>P.</b> You need not complete the rest of this form	i except
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	ize you to lobby unless the principal is regist	· · · · · · · · · · · · · · · · · · ·
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AGENDA ITEM NO.5+6 SU	JBJECT/ADDRESS/TOPIC Pa	cific Oycle	2
YOUR NAME Oclin In a	Juduson DA	TE 2/4/13	
YOUR ADDRESS 22 Whit	Camb Circle	- <del> </del>	
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 a	nswer 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 (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	☐ Yes of this form.	<b>□</b> 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? <b>P.</b> You need not complete the rest of this f	Yes	Ď, No
If you are being paid for your representation,	or if your appearance is part of other paid	l duties, please be advised t	hat:
	yist, you or your principal must file an au	•	
	ize you to lobby unless the principal is reg		
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7//	Signature Delia M. Q	udertoe	

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AGENDA ITEM NO. $5+6$ SU	JBJECT/ADDRESS/TOPIC PACH	IL CRICE	•
YOUR NAME GOT T. AND	DERSON DATE	04 FEB 20	B
YOUR ADDRESS 22 WH	PROMB CIRCLE		
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)		(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	nswer 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: \(\simeg\) Yes If "yes," go on to the n	No ext auestions.)
	ach person or organization you are represen		4
Are you being paid for your representation?		☐ Yes	M.No
Are you appearing as part of your other paid	duting for this person or argonization?		) Salar
(If you answered "no" to both these question If you answered "yes," please continue.)	is, STOP. You need not complete the rest of this	☐ Yes is form.	X 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 excent	No
	or if your appearance is part of other paid duti		·hat·
	yist, you or your principal must file an authoris		
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.c. County Building, Madison, for more informat	i <u>tvofmadison.com/clerk/index.html</u> or go to the	e Clerk's Office at Roc	m 103 of the City-
Date 04 FEB 2013 Signature DOIT T. ANDRYON			

#### 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.