AGENDA ITEM NO. 596 SUBJECT/ADDRESS/TOPIC 1419 MANICOE ST
YOUR NAME JERAD PROTASKET DATE 418/13
YOUR ADDRESS 1932 N. FANWERE, MILWAUKEE, WI 53202
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 \(\sigma\) 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:
THE OPUS COLOUP
Desarren
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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(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 2/8/13 Signature

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 5+6 SUBJECT/ADDRESS/TOPIC 14/9 Monroe Street
YOUR NAME NATHAN WAUTIER DATE 4/8/13
YOUR ADDRESS 22 East Mitflin, Smite 600, MMD 150N, WI 53703
Please check the appropriate boxes:
Support (Part of Team) 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 \(\sigma\) 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:
Opus De Velopmont Company, 2. C.C.
Are you being paid for your representation?
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Date

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AGENDA ITEM NO 5 U SU	BJECT/ADDRESS/TOPIC 1419 V	hourse stores	₩ .
YOUR NAME JONATHAN RO	DATE_	4.8.13	
YOUR ADDRESS 222 W. W	idaington fore		
Please check the appropriate boxes:			
ASupport	□ 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	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 answere	d "yes," go on to the ne	☐ No xt questions.)
Name, address and telephone number of ea	ach person or organization you are represe	enting:	
BYCIMIECT			
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 the	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	M No
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Date 4.8.13	Signature		

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AGENDA ITEM NO5 //_ SUBJECT/ADDRESS/TOPIC / /	19 Minner St.	
YOUR NAME SHIVA BIDAR SIEZAPF DATE	E # 18/13	
YOUR ADDRESS 2704 Kordall	77/4/1/	
Please check the appropriate boxes:		
Support Cust 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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Are you being paid for your representation?	Yes No	
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Date 4/8/13 Signature Sylva Bed	oer - Seelaff	

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AGENDA ITEM NO. 5+6 SUI	BJECT/ADDRESS/TOPIC	9 Morroe	
YOUR NAME CLOWER R	DATE DATE	4 1 1 1 -/ 1	Parameter 1
YOUR ADDRESS 1429 Mon	roe (that (VWPD)	•	,
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 question	ns
At this meeting are you representing an organization or a person other than yourself: \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) (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 ea	ch person or organization you are repres	enting:	
A			
Are you being paid for your representation?		☑ Yes ☐ No	
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? STOP. You need not complete the rest of the	his 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 ANO	
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	ze you to lobby unless the principal is registe		
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Date $9-8-13$ Si	ignature		

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AGENDA ITEM NO. <u>5ξ</u> ω SU	UBJECT/ADDRESS/TOPIC 本[9 MONIFOE ST.	•
YOUR NAME CARY P	SEOUN DATI	E 04.08.13	
YOUR ADDRESS (O() WA	LULT ST. MADISON	w 53726	
Please check the appropriate boxes:			
☐ Support	□ Oppose	Neither Support Nor Oppo	se
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	Wish to speak (3 min. lin	ıit)
☐ 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 ques	stions
At this meeting are you representing (If you answered "no," STOP; you need not	an organization or a person other that complete the rest of this form. If you answe	an yourself: Yes \square No red "yes," go on to the next question.	s. <i>)</i>
Name, address and telephone number of a	each person or organization you are repr	~	
263.3000			
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? 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? PP. You need not complete the rest of this for	☐ Yes 💆 No rm except	
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Date	Signature / Signature		****

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AGENDA ITEM NO. 556 SU	DIECT/A DIDREGG/TODIC	19 MENUAD
7.1.0	BJECT/ADDRESS/TOPIC 4	11/01/-
YOUR NAME JULIE LCC	dger DAT	E 4/8/13
YOUR ADDRESS NIIS WI97	H Wadberry Ct.	Greinantown, WI
Please check the appropriate boxes:	<i>J</i> .	
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 answ	ered "yes," go on to the next questions.)
Name, address and telephone number of ea		resenting:
- CPUE 1300CG3.11	2000	
Are you being paid for your representation?		∑ PYes □ 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 of 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 fo	☐ Yes ☑ No orm except
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AGENDA ITEM NO. 5 SU	BJECT/ADDRESS/TOPIC M19	MONROEST
YOUR NAME JEFFREY HOOM		4/8/13
YOUR ADDRESS 330 5- LUCK		(/0/1)
Please check the appropriate boxes:		
	☐ Oppose ☐	Noithor Commont No.
☐ Wish to speak (3 min. limit)		Neither Support Nor Oppose
	☐ 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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Opus Ghour - 330 F	- Ulbur Are Minamia	g:
	•	
Are you being paid for your representation?		Yes 🗆 No
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? STOP. You need not complete the rest of the	is form.
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Date UTG Si	ignature <u>AMAG</u>	

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