

**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 13+14 SUBJECT/ADDRESS/TOPIC HIGHLANDS/UNITED FINANCIAL

YOUR NAME JOE MCMURTRIE DATE 5-6-13

YOUR ADDRESS 660 W RIDGEVIEW DR APPLETON WI 54911

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:

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**

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.

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Date 5-6-13

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. B#14 SUBJECT/ADDRESS/TOPIC 9601 Elderberry Rd  
Land Use + Prelim. Plat

YOUR NAME Judy Husar DATE 5-6-13

YOUR ADDRESS 660 W. Ridgeview Dr., Appleton, WI 54911

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:

United Financial Group, Inc. / and MCS Investments, Inc.  
Construction Manager

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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Date 5-6-13 Signature Judy Husar

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**PLAN COMMISSION  
REGISTRATION FORM**

13714

AGENDA ITEM NO. 13714 SUBJECT/ADDRESS/TOPIC Highlands Community

YOUR NAME Julianne Hein-Sweet DATE 5/6/13

YOUR ADDRESS 660 W. Regent Dr. Appleton WI 54911

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:

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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Date 5/6/13

Signature Julianne Hein-Sweet

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 9601 Elderberry Rd.

YOUR NAME Greg Herrling DATE 5/6/13

YOUR ADDRESS 3991 Barlow Rd, Cross Plains

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:

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 5/6/13 Signature Greg Herrling

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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**PLAN COMMISSION  
REGISTRATION FORM**

13314

AGENDA ITEM NO. ~~445~~ SUBJECT/ADDRESS/TOPIC Highlands Community  
YOUR NAME Mary Claire Lanser DATE 5/6/13  
YOUR ADDRESS 14550 W. Meadowshire Drive, New Berlin

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:

Highlands Communities/ United Financial Group  
Appleton

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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Date 5/6/13 Signature Mary Claire Lanser

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13-14 SUBJECT/ADDRESS/TOPIC 960 Elderberry  
 YOUR NAME Ross Menard DATE 5/6/13  
 YOUR ADDRESS 40 Oak Creek Trail

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Support</b>                          | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <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:  
Brader Way LLC, 40 Oak Creek Trail, Madison 833-4826  
Backhawk Church 9620 Brader Way, Middleton 828-4200

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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Date 5/6/13 Signature M. Ross Menard

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC HIGHLANDS

YOUR NAME PAUL SKIDMORE DATE 5/6/13

YOUR ADDRESS 13 RED MAPLE TRAIL

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:

CITY OF MADISON, DISTRICT 9

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.)

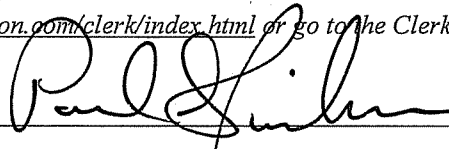
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Signature



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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13014 SUBJECT/ADDRESS/TOPIC Highland Community  
YOUR NAME Perry Pawelka DATE 5-6-13  
YOUR ADDRESS 9401 Lost Meadow Rd Middleton, WI

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:

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

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC 9601 Elderberry Rd  
YOUR NAME Daniel Nelson DATE 5/6/2013  
YOUR ADDRESS 9311 Elderberry Rd

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:

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.)

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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Date 5/6/2013

Signature Daniel Nelson

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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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. 13-14 SUBJECT/ADDRESS/TOPIC Highlands Community  
YOUR NAME Dorothy Baker DATE \_\_\_\_\_  
YOUR ADDRESS 9409 Eagle Nest Ln Middleton WI 53862

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:

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 \_\_\_\_\_

## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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**PLAN COMMISSION  
REGISTRATION FORM**

9601 ELDORADO RD

AGENDA ITEM NO. 13-14 SUBJECT/ADDRESS/TOPIC REZONING FROM R TO T2-C1  
YOUR NAME BOB TOEHE DATE 5-6-13 PRE-PLAT  
YOUR ADDRESS 660 W. DINGEVIEW DRIVE, APPLETON, WI 54911

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:

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 5-6-13

Signature [Signature]

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**  
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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Highlands Communities

YOUR NAME Ryan McMurtrie DATE 5/6/13

YOUR ADDRESS 660 W. Ridgeway Dr. Appleton, WI. 54911

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:

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.  
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☒ 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 5/6/13

Signature Ryan McMurtrie

## 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

AGENDA ITEM NO. 13.14 SUBJECT/ADDRESS/TOPIC 9601 Elderberry Rd  
YOUR NAME Josh Pudelko DATE 5/6/13  
YOUR ADDRESS 17700 W. Capitol Drive, Brookfield, WI 53045

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:

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

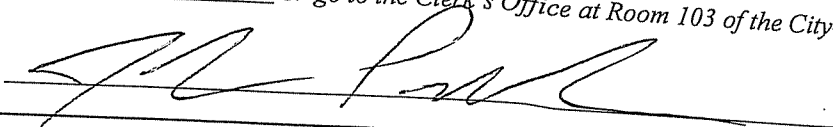
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Date 5/6/13

Signature



## PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 9601 Elderberry  
YOUR NAME Loveday Herrling DATE 5/6/13  
YOUR ADDRESS 4033 Barlow Rd, Cross Plains, WI

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:

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 5/6/13 Signature Loveday Herrling

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**PLAN COMMISSION  
REGISTRATION FORM**

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC 9601 Elderberg Rd  
YOUR NAME Ashley Eng DATE 5/16/13  
YOUR ADDRESS 9310 Elderberg Rd

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:

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 5/16/13 Signature Ashley Eng

**PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION**

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