	, ,		
AGENDA ITEM NO. 13+14 SU	JBJECT/ADDRESS/TOPIC <u>H/し</u> z	GLANDS/UNITED FINANCIA	
YOUR NAME JON MCMU		5-6-13	
YOUR ADDRESS 660 W RIG	JGENIEN 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 (If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you answe	red "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 (If you answered "no" to both these question If you answered "yes," please continue.)		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? P. You need not complete the rest of this for	☐ Yes	
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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2. Your principal is not permitted to author	rize you to lobby unless the principal is regi	stered with the City Clerk.	
If your principal spends or will owe more principal must file expense statements was a second control of the principal must file expense.	re than \$1,000 for lobbying services in any r vith the City Clerk for the remaining quarter	eporting period (calendar six months), the s of the calendar year.	
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 5-6-13 Signature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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	REGISTRATION FORM	9601 Elderberry, Rd	
AGENDA ITEM NO. 15714 SUI	BJECT/ADDRESS/TOPIC <u>LUNU</u>	Use+ Prelim. Plat	
YOUR NAME UWY 7	TUSAR DATE	5-6-13	
YOUR ADDRESS 660 W.	Ridgeview Dr. App	leton 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 a (If you answered "no," STOP; you need not of			
Name, address and telephone number of ea United Financial Or Construction Mara	oup, Inc. / and MCS I	senting: Investments, Inc.	
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.)			
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes." to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this for	m except Yes No	
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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC A	Glands Cons	reiniles)
YOUR NAME Sulvano	Hein-Sweet DATI	E <u> </u>	NOTES TO STANDARD ST
YOUR ADDRESS 660 1. K	Gurui Dr. applitor	N/ 54911	
Please check the appropriate boxes: ℓ	<i>y</i>		
☐ Support	☐ Oppose	☐ Neither Support 1	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 a Name, address and telephone number of each	complete the rest of this form. If you answe	ered "yes," go on to the n	☐ No ext questions.)
Are you being paid for your representation?		☐ Yes	Mo 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.	□ No
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(Please go to the City Clerk's website www.ci County Building, Madison, for more informate Date	ityofmadison.com/clerk/index.html or go to ion.) Signature	o the Clerk's Office at Roo	om 103 of the City-

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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC 960	1 Elderbern Rd.	
YOUR NAME Grea Herr	-ling DATE	5/6/13	
YOUR ADDRESS 3991 I	Barlow Rd, Cross P	lains	
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 answere	d "yes," go on to the next questions.)	
Name, address and telephone number of ea	ach person or organization you are represe	enting:	
410-40-40-40-40-40-40-40-40-40-40-40-40-40			
Are you being paid for your representation?		☐ Yes ☐ Yo	
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		uis form.	
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 A-No except	
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Date 5[13]	Signature Ares Abriling	·	

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AGENDA ITEM NO 445 SUB	JECT/ADDRESS/TOPIC Highla	nds Community
YOUR NAME Mary Claire	Lanser Date	5/6/13
YOUR ADDRESS 14550 W.	Meadowshire Drive	, New Berlin
Please check the appropriate boxes:	· ·	·
🛱 Support 🗆	l Oppose \Box	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 (If you answered "no," STOP; you need not co		
Name, address and telephone number of each thigh and s Communities		
Are you being paid for your representation?		Yes 🖸 No
Are you appearing as part of your other paid du (If you answered "no" to both these questions, If you answered "yes," please continue.)		his form.
Are you an elected official or employee who is for your municipality or other governmental bo (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	except Yes No
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	gnature Mey love	Jones

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AGENDA ITEM NO. 13-14 SU	BJECT/ADDRESS/TOPIC ~~ G	s Eld	lexber	44
YOUR NAME KOSS Meen	ord DAT	E 5/6/	/c3	
YOUR ADDRESS 40 Oak (Steek Ttacl			
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	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do n	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avai	lable to an	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 answ	ered "yes," go	Yes on to the ne	☐ No ext questions.)
Name, address and telephone number of e Btader Way LLC, Buttweet Cheered	ach person or organization you are rep 40 Oak Creek Tai 9620 Bladle Wo	1. Mad	lesou Lesou	833-484 878-4700
	1020 () (accept so	y 100	areadi	800 (2)
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? is, STOP. You need not complete the rest	of this form.	☐ Yes	, 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? P. You need not complete the rest of this f	orm except	☐ Yes	No No
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Date 5/6/(3)	Signature Macon M	lnow	<i>X</i>	·

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AGENDA ITEM NO. 13 SU	JBJECT/ADDRESS/TOPIC H14#	LANOS		
YOUR NAME PAUL SIZIO	JBJECT/ADDRESS/TOPIC <u>HIGH</u> MONG DATE	5/6/13		
YOUR ADDRESS 13 RED	MAPCE 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 (If you answered "no," STOP; you need not	an organization or a person other than complete the rest of this form. If you answere	yourself: Yes \[\bigcap \text{No} \] In to the next questions.)		
	ach person or organization you are represe	_		
CITY OF MODISON,	013 11C1C 1 /			
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 the	is form.		
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AGENDA ITEM NO. 13 6 14 SUB.	JECT/ADDRESS/TOPIC _ / 4	ishland1	Commun	1 hy
YOUR NAME Perry Pawel		ATE 5.6	13 .	· · · · · · · · · · · · · · · · · · ·
YOUR ADDRESS 9401		Rd 1	Middle	m, 41
Please check the appropriate boxes:				,
□ Support 💹	Oppose	☐ Neither	Support No	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 no	ot wish to s	peak
☐ Available to answer questions	🕱 Available to answer questio	ns 🗖 Avail	lable to ans	wer questions
At this meeting are you representing an (If you answered "no," STOP; you need not co. Name, address and telephone number of each	mplete the rest of this form. If you ar	iswered "yes," go		☐ No t questions.)
	in person of organization you are re	epresenting.		
Are you being paid for your representation?			☐ Yes	□ No
Are you appearing as part of your other paid du (If you answered "no" to both these questions, If you answered "yes," please continue.)	tties for this person or organization? STOP. You need not complete the re	est of this form.	☐ Yes	□ No
Are you an elected official or employee who is for your municipality or other governmental bo (If you answered "yes" to the question, STOP. that you must sign this form. If you answered "n	dy? You need not complete the rest of thi	is form except	☐ Yes	□ No
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Date Sig	gnature		- Waterman Mark And Advanced to construct the second secon	

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AGENDA ITEM NO. 19	SUBJECT/ADDRESS/TOPIC 7100	of Elderherry Rd
YOUR NAME Daniel	UUSON 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 question	as	☐ Available to answer questions
(If you answered "no," STOP; you need r	g an organization or a person other the not complete the rest of this form. If you answe of each person or organization you are representation.	red "yes," go on to the next questions.)
Are you being paid for your representation	1?	☐ Yes No
Are you appearing as part of your other pa (If you answered "no" to both these quest If you answered "yes," please continue.)	aid duties for this person or organization? Gions, STOP. You need not complete the rest of	f this form.
for your municipality or other government (If you answered "yes" to the question, S.	tho is appearing solely on behalf of your office tal body? TOP. You need not complete the rest of this for red "no" to the question, go on to the next que	rm except Yes No
If you are being paid for your representati	on, or if your appearance is part of other paid	duties, please be advised that:
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AGENDA ITEM NO. 3-14 SU	BJECT/ADDRESS/TOPIC	nlands Commi	MIM
YOUR NAME DONOHW (A)	DAT	Е.	
YOUR ADDRESS 9401 For	gre Nost Ln	Middleton wt	53862
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 (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 a	complete the rest of this form. If you answ	ered "yes," go on to the ne	No xt questions.)
Name, address and telephone number of ea	ach person or organization you are repr	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 question, If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	Yes fthis form.	□ No
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? P. 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 the	nat:
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2. Your principal is not permitted to authori	ize you to lobby unless the principal is reg	stered with the City Clerk	
If your principal spends or will owe more principal must file expense statements with the statements will be a statement of the statement	e than \$1,000 for lobbying services in any ith the City Clerk for the remaining quarte	reporting period (calendar rs 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		o the Clerk's Office at Room	m 103 of the City-
Date	Signature		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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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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		1001 WILLICKE CAINS	
AGENDA ITEM NO. <u>43-14</u> SU	BJECT/ADDRESS/TOPIC <i>ReZo)</i>	VING FROM A TO TIZ-61	
YOUR NAME BOB JOEL	DATE_	5-6-13 PR3-PLAT	
YOUR ADDRESS 660 W. DI	SEVIEW DAVE, APLETON	U, 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 a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	d "yes," go on to the next questions.)	
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Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)		uis form.	
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this form	Yes Q-No except	
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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Highlands Communities
YOUR NAME Ryan McMurtrie DATE 5/6/13
YOUR ADDRESS 660 W. Ridgeriew Dr. Appleton, Wl. 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 \(\sigma\) 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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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 5/1/13 Signature La MM

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YOUR NAME Josla Pula	BJECT/ADDRESS/TOPIC	glaDIEII	
YOUR NAME Josh Pude	2(ko	DATE 5/La/13	ZIM RI
	N. Capital Drive	Bradifield u	3 (
Please check the appropriate boxes:		Diagotiela, u	UI 53045
☐ Wish to speak (3 min. limit)	organization or a person otl	wish to Do not we disting Available Therefore than yourself:	pport Nor Oppose speak (3 min. limit) wish to speak e to answer questions Yes No to the next questions.)
Are you being paid for your representation? Are you appearing as part of your other paid dur (If you answered "no" to both these questions, If you answered "yes," please continue.)	STOP. You need not complete the	rest of this form.	1 10
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PLAN COMMISSION	ON PUBLIC HEARING GENER		

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AGENDA ITEM NO. 13 SU	BJECT/ADDRESS/TOPIC 96	Ol Elderherm.				
YOUR NAME Lovedan Herrlina DATE 5/6/13						
YOUR ADDRESS 4033 Barlow Rd, Cross Plains, Lul						
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)				
Po not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak				
☐ Available to answer questions	☐ Available to answer questions	ions				
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Are you being paid for your representation?		☐ Yes No				
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AGENDA ITEM NO. 19 SUBJ	ECT/ADDRESS/TOPIC 46	01 Eldu	uberg	Rd			
YOUR NAME (Johley Fry	TATI	E 5 160	13				
YOUR ADDRESS 9310 Elderberry Rd							
Please check the appropriate boxes:							
□ Support	O ppose	☐ 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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