AGENDA ITEM NO. OSOLINA SUBJECT/ADDRESS/TOPIC C) OSOLINA SUBJECT/ADDRESS/TOPIC C)		
YOUR NAME SCOTT WATSON DATE 8-26-19		
YOUR ADDRESS 6743 Rolling OAKS VENONA WI		
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		
☐ 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?		
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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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.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 6-24-19 Signature DioH Navo		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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0: 0: 0:		
AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC CLOVCLIAUNCE		
YOUR NAME Margaret Watson DATE 5-24-19		
YOUR ADDRESS 6743 Rolling OAKS Verma WI		
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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	BONDOC DATE		
YOUR ADDRESS S435 G	QUIET STONE DR	FITCHBURG	
Please check the appropriate boxes:			
□ Support	Oppose	☐ Neither Support N	
☐ 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	complete the rest of this form. If you answe	rea yes, go on to the ne	XNo xt 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? ns, STOP. You need not complete the rest of	☐ Yes f this form.	Œ€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 fo	rm except	No
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2 Your principal is not permitted to autho	rize you to lobby unless the principal is reg	istered with the City Clerk	ζ.
If your principal spends or will owe more principal must file expense statements via the statements of the statement of the stateme	re than \$1,000 for lobbying services in any with the City Clerk for the remaining quarte	reporting period (calendar ers of the calendar year.	r six months), the
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC C 1 ordinance		
YOUR NAME JIM HARTLIEB DATE 8-20-19		
YOUR ADDRESS 29 Au fumnwood Circle, madison 53717		
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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Date 6 24 19 Signature Hart		

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI ORdinara		
YOUR NAME AMONG Sheakah DATE 82619		
YOUR ADDRESS 1506 Red Tail DR Verona wit 53593		
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. O SU	BJECT/ADDRESS/TOPIC <u>Ci</u> C	Ordinance	
YOUR NAME Curtis Shear	qnDATE_	8/26/19	
YOUR ADDRESS 506 Red To:	Dr. Verona, WI 53	583	
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	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of			₩ No
Name, address and telephone number of ea			
		<u> </u>	
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.)	luties for this person or organization? STOP. You need not complete the rest of the	☐ Yes is form.	□ No
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 except	□ No
If you are being paid for your representation,	or if your appearance is part of other paid dut	ies, please be advised th	at:
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2. Your principal is not permitted to authorize	ze you to lobby unless the principal is register	red with the City Clerk.	
 If your principal spends or will owe more principal must file expense statements wi 	than \$1,000 for lobbying services in any repeth the City Clerk for the remaining quarters o	orting period (calendar s f the calendar year.	ix months), the
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Date 6/06/19 S	ignature WW STOONSW		

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The state of the s		
AGENDA ITEM NO. 10 SUE	BJECT/ADDRESS/TOPIC	Jordania
YOUR NAME ALICIA BOX	hml DATE	8 24 2019
YOUR ADDRESS 2993 RO	throve lane t	-1-10h bury 53711
Please check the appropriate boxes:		0
□ 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 (If you answered "no," STOP; you need not c	n organization or a person other that complete the rest of this form. If you answe	nn yourself: Yes No No red "yes," go on to the next questions.)
Name, address and telephone number of each	ch person or organization you are repre	esenting:
Q		
Are you being paid for your representation?		☐ Yes No
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CZ	Ordinanes
The state of the s	8/26/19
YOUR ADDRESS 27 Bay Side Dr Madison V	NE 53704
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 (If you answered "no," STOP; you need not complete the rest of this form. If you answered	ed "yes," go on to the next questions.)
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Are you being paid for your representation?	☐ Yes ☐ Yo
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AGENDA ITEM NO. / SUBJECT/ADDRESS/TOPIC (
YOUR NAME MIKE CARY DATE 8	-26-19
YOUR ADDRESS 921 HIDDEN CAVE	
Please check the appropriate boxes:	
□ Support	er Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ W	ish to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ D	o not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ A	vailable to answer questions
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Date 8-26-19 Signature	

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AGENDA ITEM NO. /O SUBJECT/ADDRESS/TOPIC		
YOUR NAME PETE JOHNSON DATE 8/20	/19	
YOUR ADDRESS 741 SENECA PI, MADISON WI 53711		
Please check the appropriate boxes:		
□ Support □ Neither S	upport Nor Oppose	
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish t	to speak (3 min. limit)	
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not	t wish to speak	
☐ Available to answer questions ☐ Available to answer questions ☐ Available	able to answer questions	
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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.)	☐ Yes ☐ No	
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If you are being paid for your representation, or if your appearance is part of other paid duties, please b	e advised that:	
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(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		

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

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- 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.
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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC		
YOUR NAME James Pankratz DATE 8/2	6/19	
YOUR ADDRESS 6209 Strathmore LA		Jan Black
Please check the appropriate boxes:		
□ Support	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 no	ot wish to	speak
Available to answer questions Available to answer questions Available	lable to ans	wer questions
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go Name, address and telephone number of each person or organization you are representing:		No ct questions.)
Are you being paid for your representation?	☐ Yes	DENO.
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 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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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period principal must file expense statements with the City Clerk for the remaining quarters of the calendary.	od (calendar s dar year.	six months), the
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's County Building, Madison, for more information.)	Office at Room	n 103 of the City-
Date 8/24/19 Signature		

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	AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Edgewood Q		
YOUR NAME Reberca Many DATE 8-76	-19		
YOUR ADDRESS 990 Woodrow So.			
Please check the appropriate boxes:			
Support Dppose	apport Nor Oppose		
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to	o speak (3 min. limit)		
☐ Do not wish to speak ☐ Do not	wish to speak		
☐ Available to answer questions ☐ Available to answer questions ☐ Available	ble to answer questions		
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go or	Yes No n 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 ☐ Yo		
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC () Ordinance				
YOUR NAME Laura Powl	ess DAT	TE 8 26/19		
YOUR ADDRESS 2913 WW	nbledon Nay, M	adison wi	53713	
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 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	n organization or a person other the complete the rest of this form. If you answ	nan yourself:	No et questions.)	
Name, address and telephone number of ea	ach person or organization you are rep	resenting:		
The second second second second				
		☐ Yes	□ No	
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	Signature			

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	BJECT/ADDRESS/TOPIC		
YOUR NAME Heidi St		E 8/26/19	
YOUR ADDRESS 2984	Sahara Circle	madisar 53711	
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	an organization or a person other the complete the rest of this form. If you answ	an yourself: Yes No No ered "yes," go on to the next questions.)	
Name, address and telephone number of ea	ach person or organization you are repr	resenting:	
		☐ Yes ☐ No	
Are you being paid for your representation?			
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	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? P. You need not complete the rest of this fo	orm except Yes No	
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4/24/9 //			
Date 5/26/17	Signature / Signature	3	

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AGENDA ITEM NO SUBJECT/ADDRESS/T	OPIC			
YOUR NAME JASON KOZINE	DATE	8.26	-19	
YOUR NAME JASON KOZINE YOUR ADDRESS 3035 ROSOCUMENTON	- Fitch b	ing un		
Please check the appropriate boxes:				
□ Support □ Oppose		Neither Su	pport 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 sp	eak	☐ Do not	wish to speak	
☐ Available to answer questions ☐ Available to answer	ver questions	☐ Availab	ole to answer question	
At this meeting are you representing an organization or a po (If you answered "no," STOP; you need not complete the rest of this for	rm. If you answere	d "yes," go on	Yes No to the next questions.)	
Name, address and telephone number of each person or organization	on you are represe	nting:		
Are you being paid for your representation?			Yes ZNo	
Are you appearing as part of your other paid duties for this person or of (If you answered "no" to both these questions, STOP. You need not confiyou answered "yes," please continue.)	ganization? mplete the rest of th		Yes P(No	
Are you an elected official or employee who is appearing solely on befor your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete that you must sign this form. If you answered "no" to the question, go	the rest of this form	except	Yes No	
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Date 8.26.19 Signature				

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	1 1 12			
AGENDA ITEM NO. D SUBJECT/ADDRESS/TOPIC Amendmen	it to la	impus las		
YOUR NAME JIM GILMORE DATE 8/2	6/19	The Table		
YOUR ADDRESS 3929 SWO BODA VERZONA, WI	535	13		
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	h 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	ilable to an	swer questions		
At this meeting are you representing an organization or a person other than yourself (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," g	Yes o on to the ne	No ext questions.)		
Name, address and telephone number of each person or organization you are representing:				
		Dv		
Are you being paid for your representation?	☐ Yes	□ No		
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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC	ZONING AM	endmont	
YOUR NAME Scott G		8/26/19		
YOUR ADDRESS 3016 Hid	Ion View Trl Veron	Ac		
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	complete the rest of this form. If you answer	ed "yes," go on to the ne	No ext questions.)	
Name, address and telephone number of e	ach person or organization you are repres	enting:		
Are you being paid for your representation?		☐ Yes	ÀN₀.	
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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YOUR ADDRESS 2355 WEST LAWN ALENUE			
VOLIR ADDRESS 735T LIEST LAWN ALENUT			
TOUR TREBUIES E))) WE)) The property of the p			
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.)			
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AGENDA ITEM NO. SU	JBJECT/ADDRESS/TOPIC da	ordinance	
YOUR NAME BUILDINGS TO DATE 8/26/19			
YOUR ADDRESS 807 De	Mwood cir. Mone	ona, "	
Please check the appropriate boxes:			
□ Support	Oppose	☐ Neither Support Nor	r 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 sp	eak
Available to answer questions	Available to answer questions	☐ Available to answ	er questions
At this meeting are you representing (If you answered "no," STOP; you need not			No questions.)
Name, address and telephone number of e			
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.)			□ 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? PP. 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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Date 8/86/19	Signature Wullu		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. D SUBJECT/ADDRESS/TOPIC CAMPUS-1. Z	30, NING CODE			
YOUR NAME Jadason POWESS DATE 8/26	119			
	C7712			
YOUR ADDRESS 2 913 WMSCEDON WAY MADISON WI	0) (1)			
Please check the appropriate boxes:				
□ Support □ Oppose □ Neither	Support Nor Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	n to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do n	ot wish to speak			
☐ Available to answer questions ☐ Available to answer questions ☐ Available	lable to answer questions			
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	Yes Yoo on to the next questions.)			
Name, address and telephone number of each person or organization you are representing:				
THE RESERVE THE PROPERTY OF TH				
	☐ Yes ☐ No			
Are you being paid for your representation?	u res u 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 wit				
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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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC			
YOUR NAME Sharen Brotin DATE 8/26/19			
YOUR ADDRESS 2502 Gregon St 537//			
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. 10 SU	BJECT/ADDRESS/TOPIC		
YOUR NAME CHRIS Z	WEHLER DATE	8-26-	19
YOUR ADDRESS 2798	Leman La	55711	
Please check the appropriate boxes:	8		
□ 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 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	an organization or a person other than complete the rest of this form. If you answer	n yourself: Yes ed "yes," go on to the no	☐ No ext questions.)
Name address and telephone number of e	ach person or organization you are repres	senting:	
2019 1000	MC 37 - 331		40
Are you being paid for your representation?		☐ Yes	No 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	this form.	No
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AGENDA ITEM NO/o SUBJECT/ADDRESS/TOPIC				
YOUR NAME BOS Stigs		E 8/26/19		
YOUR ADDRESS 2984 Sahara Ci-Le MISN WF 53711				
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 not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions	
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Amending Zoning					
YOUR NAME BARS MERIGGIOLI DATE 8/26/19					
YOUR ADDRESS 5545 Surrey LANE, Wannakee					
Please check the appropriate boxes:	1				
□ 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 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 Name, address and telephone number of e	complete the rest of this form. If you answe	red "yes," go on to the ne	No ext questions.)		
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		1			

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AGENDA ITEM NO. /O SU	BJECT/ADDRESS/TOPICZ	oning a	mender	rent		
YOUR NAME Bernadette Zwettler DATE 8-26-19						
YOUR ADDRESS 2798 Lynan Ln Wadeson, W1 53711						
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 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 Name, address and telephone number of ea	complete the rest of this form. If you answ	ered "yes," go	Yes on to the ne	□ No ext questions.)		
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC proposed homerhand					
YOUR NAME Maggie Sanders DATE 8/26/19					
YOUR ADDRESS 7002 Luten beight Blud. 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)	nin. limit)		
☐ Do not wish to speak	☑ Do not wish to speak	☐ Do not wish to sp	eak		
☐ Available to answer questions	☐ Available to answer questions	s	er questions		
At this meeting are you representing a (If you answered "no," STOP; you need not			□ No questions.)		
Name, address and telephone number of ea			7		
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AGENDA ITEM NO. / O SUBJECT/ADDRESS/TOPIC Doposed a mondrest					
YOUR NAME Lori GOSS DATE 08/23/2019					
YOUR ADDRESS 209 87 ate 8t 53531					
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 an	swer questions		
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AGENDA ITEM NO. / D SU	BJECT/ADDRESS/TOPIC		
YOUR NAME Mkell	I Schaff DAT	E 8/26/	19
YOUR ADDRESS 2 Qua	il Kidge Dr	Madison	J WV 537
Please check the appropriate boxes:	U		
☐ Support	□ Oppose	☐ Neither Support	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speal	(3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish t	o speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a	answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not			☐ No next questions.)
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			10/
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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	☐ Yes of this form.	△No
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Cl Ora	dinance			
YOUR NAME Lama Petersen DATE				
YOUR ADDRESS 429 Gammon Pl. Madison W	0153719			
Please check the appropriate boxes:				
□ Support □ Oppose □ Neither S	upport Nor Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to	to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do no	t wish to speak			
☐ Available to answer questions ☐ Available to answer questions ☐ Available	able to answer questions			
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go of				
Name, address and telephone number of each person or organization you are representing:				
	- 4			
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 Æ 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	e 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 principal must file expense statements with the City Clerk for the remaining quarters of the calendary	l (calendar six months), the ar 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 8-26-19 Signature				

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AGENDA ITEM NO/O SU	BJECT/ADDRESS/TOPIC _ C	I Ordinance		
YOUR NAME D'iane B	allweg DAT	E 8/26/19	_14	
YOUR ADDRESS 350 S.	Hamilton St. Ma	dison		
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 ar	nswer 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 n	፟ Ճ .No ext 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 (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	of this form.	M No	
Are you an elected official or employee who for your municipality or other governmental of the first 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 fo	☐ Yes	No	
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised t	hat:	
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	ize you to lobby unless the principal is reg			
 If your principal spends or will owe more 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 rs of the calendar year.	six months), the	
(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 8/26/19 Signature Nane Kay Balling				
* * *				

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

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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC	CI Ordinara
YOUR NAME 59000		10/0//0
191-	A A	21104 (377)
YOUR ADDRESS 1715	Majors SI 100	101112 3371
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		
Name, address and telephone number of ea	nch person or organization you are rep	resenting:
Carl Samuel Co. of Samuel Co.	TO SERVICE SER	1/
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	of this form.
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 If your principal spends or will owe more principal must file expense statements wi 	than \$1,000 for lobbying services in any th 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 www.ci County Building, Madison, for more informat Date	ityofmadison.com/clerk/index.html or go to ion.) Signature	to the Clerk's Office at Room 103 of the City-

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC (ample	= Institutional Zohina
YOUR NAME GEORGE E. NACKENZIT, DATE,	8/26/19
YOUR ADDRESS 59 Cherokee Circle Madis	on WI 53704
Please check the appropriate boxes:	
□ Support □ N	either 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 yo (If you answered "no," STOP; you need not complete the rest of this form. If you answered "	
Name, address and telephone number of each person or organization you are representi	
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 I fyou answered "yes," please continue.)	☐ Yes ☐ No form.
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 ext that you must sign this form. If you answered "no" to the question, go on to the next questions	☐ Yes ☐ No cept s.)
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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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the County Building, Madison, for more information.)	Clerk's Office at Room 103 of the City-
Date & Del 9 Signature Just AM	

PLAN COMMISSION PUBLIC HEARING GÉNERAL INFORMATION

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Proposed /	mendu	£ 500 190
AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Proposed /4 YOUR NAME Stuart Herro DATE 8/26	1.0	A 20.01/
YOUR NAME JAMAR / FERRIS DATE 3/20	//9	
YOUR NAME Stuart Herro DATE 8/26 YOUR ADDRESS 2020 Vilas Are, Madisin, WE 537/		
Please check the appropriate boxes:		
□ Support □ 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 n	ot wish to	speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available	lable to an	swer questions
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go		☐ No ext questions.)
Name, address and telephone number of each person or organization you are representing:		
		190-00
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
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's County Building, Madison, for more information.) Date	Office at Roo	m 103 of the City-

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC () () () () () () () () () (
YOUR NAME WAY BY DATE \$ 99 9
YOUR ADDRESS V49117 HORRALLY 5311 MY QWISON SY
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)
po 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 (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:
_ a/
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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AGENDA ITEM NO. #10 SUBJECT/ADDRESS/TOPIC CAMPUS INSTITUTION ZONING				
YOUR NAME GREG SWEE	WEY DATE	8-26	-20	19
YOUR NAME GREG SWEE YOUR ADDRESS 1820 MASS	TERS LN MADISON	5371	9	
Please check the appropriate boxes:				
□ Support	☐ Oppose □	Neither S	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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answere	ed "yes," go		XNo ext questions.)
Name, address and telephone number of ea	ach 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? s, STOP. You need not complete the rest of the	his form.	☐ Yes	No No
Are you an elected official or employee who for your municipality or other governmental by (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	except	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please b	e advised the	hat:
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2. Your principal is not permitted to authori	ize you to lobby unless the principal is registe	ered with the	City Clerk	
 If your principal spends or will owe more principal must file expense statements with 	e than \$1,000 for lobbying services in any rep ith the City Clerk for the remaining quarters of	oorting perio of the calend	d (calendar lar year.	six months), the
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Date	Signature			

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YOUR ADDRESS 3 70 2	AGENDA ITEM NO / O _ SUBJECT/AD	DRESS/TOPIC	CI OCA	NaN.	ce
Please check the appropriate boxes: Support	YOUR NAME James S. VanGe	mert D			
□ Support □ Wish to speak (3 min. limit) □ 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: □ 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" in the question, STOP. You need not complete the rest of this form. 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: □ Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. □ Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. □ Your principal appends 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 3702 GUNCH	Sest			
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not 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 ☑ MNo (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 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.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 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.cityofinadison.com/clerk/index.hunl or go to the Clerk's Office at Room 103 of the City.	Please check the appropriate boxes:				
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□ 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 "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.) 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 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.cityofmedison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City.	☐ Wish to speak (3 min. limit) ☐ Wish to	speak (3 min. limit)	→ Wish	to speak	(3 min. limit)
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County Building, Madison, for more information.)					
Date 8/26/19 Signature Jamas Vantoemest					

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

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AGENDA ITEM NO. O SUBJECT/ADDRESS/TOPIC CI DRDINANCE				
YOUR NAME KARIE KRANTZ DATE 8/26/19				
YOUR ADDRESS 1715 ADMMS ST MADISON WI 53711				
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:				
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Date 8 26 19 Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 10 SUI	BJECT/ADDRESS/TOPIC	- Ordinance		
YOUR NAME KOTH (W		E 8/26		
	marack Way, L	lerone.		
	The second secon			
Please check the appropriate boxes:				
□ Support	d 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	complete the rest of this form. If you answ	vered "yes," go on to the next/questions.)		
Name, address and telephone number of ea	ch person or organization you are rep	resenting:		
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 this form.		
Are you an elected official or employee who is for your municipality or other governmental be (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 f	form except		
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And the state of t	AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI Ordingale				
YOUR NAME Anne Rodriquez DATE 8/26/19					
YOUR ADDRESS 211 Latt	rop St 53726				
Please check the appropriate boxes:					
□ Support	Z-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 a (If you answered "no," STOP; you need not	an organization or a person other that complete the rest of this form. If you answe	n yourself:	No No next questions.)		
Name, address and telephone number of ea					
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? ss, STOP. You need not complete the rest of	Yes fthis form.	□ No		
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AGENDA ITEM NO. 56 9 SUBJECT/ADDRESS/TOPIC amend YOUR NAME YOUR ADDRESS Please check the appropriate boxes: ☐ Neither Support Nor Oppose **□** 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 At this meeting are you representing an organization or a person other than yourself: \subseteq Yes (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: ☐ Yes 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 Yes 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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 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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AGENDA JEM NO. SUE ADDRESS/TOPIC OY GINGN
YOURNAME Troy Sonotzer DATE 5/26/19
YOUR ADDRESS LINES SI
Please check the approprite boxes:
Support Support Wish to Speak (3 min. limit) Vish to speak (3 min. limit) Wish to speak (3 min. limit)
☐ Wish to speak (3 min. limit) Vish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak
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Are you appearing as part of your other paid duti for this person or organization? (If you answered "no" to both these questions, SDP. You need not complete the rest of this form. If you answered "yes," please continue.)
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AGENDA ITEM NO. (O SU.	BJECT/ADDRESS/TOPIC CI	Ord.		
YOUR NAME Hugh Wabers		E ZioAug Zoi9		
The state of the s	10			
YOUR ADDRESS 4625 G	regg Road			
Please check the appropriate boxes:				
□ Support	ズ 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 answ	vered "yes," go on to the ne	☐ No xt questions.)	
Name, address and telephone number of ea	ach person or organization you are rep	resenting:		

Are you being paid for your representation?		☐ Yes	DONO	
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	☐ Yes of this form.	₩ 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 j	form except	₩ No	
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC OF	1.0			
YOUR NAME PAUL OL-CUTS DATE 2/20	3/17			
YOUR ADDRESS / LOLI WAY NOTE # 414	A Laboratoria			
Please check the appropriate boxes:				
□ Support □ Neither S	Support Nor Oppose			
	to speak (3 min. limit)			
	t wish to speak			
	able to answer questions			
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	☐ Yes ☐ No 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			
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SUBJECT/ADDRESS/TOPIC AGENDA ITEM NO. DATE **EVANS** YOUR NAME YOUR ADDRESS Please check the appropriate boxes: ☐ Neither Support Nor Oppose ☐ Oppose Support 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 (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: ☐ Yes Are you being paid for your representation? ☐ Yes 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 ☐ Yes M No 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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 2. 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.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-

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

Signature

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC & TO DE INGLES				
YOUR NAME Victor Rodriquez DATE 8/26/19				
YOUR ADDRESS 211 Lathrop St. Malism W1 53726				
Please check the appropriate boxes:	•			
□ Support	Oppose	Neither S	upport 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 no	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	ble to ans	swer questions
	complete the rest of this form. If you answered	"yes," go	Yes on to the ne:	☐ No xt questions.)
Name, address and telephone number of ea	ch person or organization you are represen	iting:		
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 this	is form.	☐ Yes	No No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOP that you must sign this form. If you answered		except	☐ Yes	No No
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CT ORDINANCE				
ROBRIDATION OF STATE				
YOUR NAME MARK LANGGRAF DATE 8/26/19				
YOUR ADDRESS 2130 West LAWN AND Madison				
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?				
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C-L ovalv	ance			
AGENDA ITEM NO. / O SUBJECT/ADDRESS/TOPIC Campus - Inst	itationa	Loning		
YOUR NAME 5 Usan Landgrat DATE 08/26/2019				
YOUR ADDRESS 2130 West Lawn Ave Madison 53'	711			
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	h 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	ilable to an	swer questions		
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Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?	☐ Yes	□ No		
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Date 08/26/2019 Signature Susan Landquaf				
V				

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Campus Institutional Zoning				
YOUR NAME Theresa Fulton DATE 8-26-19				
YOUR ADDRESS 7951 Cassidy Ct Fitchburg 53711				
Please check the appropriate boxes:				
□ Support	Oppose	Neither S	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 no	ot wish to	speak
☐ Available to answer questions	Available to answer questions	☐ Avail	able to an	swer questions
	complete the rest of this form. If you answered	d "yes," go	☐ Yes on to the ne	₩No xt questions.)
Name, address and telephone number of ea	ach person or organization you are represe	nting:		
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 the	is form.	☐ Yes	□ No
for your municipality or other governmental	is appearing solely on behalf of your office of body? P. You need not complete the rest of this form I "no" to the question, go on to the next quest	except	☐ Yes	□ No
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Lance Committee and Committee	DIEGE/A DEDEGG/FODIC A la C	L 0 / 10 A		
AGENDA ITEM NO. 5/981 SUBJECT/ADDRESS/TOPIC No Stadium/ No Amendment				
YOUR NAME I Craig Though DATE 3-24-19				
YOUR ADDRESS 311 Campbell St	- Madison			
Please check the appropriate boxes:	1 (1 dum			
□ Support	Proppose No Stadium	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	n organization or a person other than complete the rest of this form. If you answere	yourself:	☐ No xt questions.)	
Name, address and telephone number of ea	nch person or organization you are repres	enting:		
			Aver	
Are you being paid for your representation?		☐ Yes	No 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 t	Yes this form.	□ No	
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AGENDA ITEM NO. /O_SUBJECT/ADDRESS/TOPIC _ CZ DRO	BINAN	CE		
	8/26	19		
YOUR NAME Patrck Helly DATE YOUR ADDRESS 3938 Samac Cr. Middle Lan Cot	5252	2		
Please check the appropriate boxes:				
□ Support □ Oppose □ Neither				
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	to speak (3 min. limit)		
☐ Do not wish to speak ☐ Do n	ot wish to	speak		
☐ Available to answer questions ☐ Available to answer questions ☐ Available	lable to ans	swer questions		
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	Yes on to the ne	No ext questions.)		
Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?	☐ Yes	No .		
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#		7	
AGENDA ITEM NO. # 10 SUBJECT/ADDRESS/TOPIC			
YOUR NAME [/Za Zwer	Her DATE	SHE	
YOUR ADDRESS 3685 N.T	Parken Madwan, 4	0 531	J
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	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	complete the rest of this form. If you answere	ed "yes," go on to the nex	□ No et 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	Yes this form.	□ 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 form	☐ Yes m except	□ No
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AGENDA ITEM NO SU:	BJECT/ADDRESS/TOPIC CI	OPDINANCE	
YOUR NAME D Michael	Johnson DATE	8/26/19	
YOUR ADDRESS 9513 W	I'ld Prairie Tr / Verona,	NI 53593	
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	ed "yes," go on to the next questions.)	
Name, address and telephone number of ea	ach person or organization you are repres	enting:	
Are you being paid for your representation?		☐ Yes 💆 No	
	1 d' C di	☐ 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 of organization? as, STOP. You need not complete the rest of the state of		
Are you an elected official or employee who for your municipality or other governmental	is appearing solely on behalf of your office	or Yes No	
(If you answered "yes" to the question, STO, that you must sign this form. If you answered	P. You need not complete the rest of this for	m except	
If you are being paid for your representation,	or if your appearance is part of other paid d	luties, please be advised that:	
Before you engage in lobbying as a lobb	yist, you or your principal must file an author	orization with the City Clerk.	
	rize you to lobby unless the principal is regis		
If your principal spends or will owe mor principal must file expense statements w	re than \$1,000 for lobbying services in any revith the City Clerk for the remaining quarters	eporting period (calendar six months), the s of the calendar year.	
(Please go to the City Clerk's website www.c County Building, Madison, for more informa	cityofmadison.com/clerk/index.html or go to	the Clerk's Office at Room 103 of the City	>_
Date 8/26/19	Signature July		

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AGENDA ITEM NO. SUI	BJECT/ADDRESS/TOPIC	2 prove oc	9	
YOUR NAME DAVID TO	DATE	8.26		
YOUR ADDRESS 6218 5.	Highlands Arenne			
Please check the appropriate boxes:				
□ Support	Oppose	Neither Sup	port Nor Op	oose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to s	speak (3 min. l	imit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not w	rish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available	e to answer qu	estions
At this meeting are you representing a	an organization or a person other than complete the rest of this form. If you answer	ed yes, go on i	Yes XNo o the next questi	
Name, address and telephone number of ea	ach person or organization you are repres	enting:		
			Yes 🗆 N	
Are you being paid for your representation?				
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		Yes N	0
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	m except	l Yes	o
If you are being paid for your representation,			dvised that:	
	pyist, you or your principal must file an auth			
2 Vous principal is not permitted to author	rize you to lobby unless the principal is regis	stered with the Ci	ity Clerk.	
	re than \$1,000 for lobbying services in any r with the City Clerk for the remaining quarter	eporting period (calendar six moi	nths), the
(Please go to the City Clerk's website www. County Building, Madison, for more information	cityofmadison.com/clerk/index.html/o/ go to ation.)	the Clerk's Offic	ce at Room 103 o	of the City-
Date 6.26.19	Signature W			

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		VD2.14166
0 -	BJECT/ADDRESS/TOPIC <u>(/ Ø</u>	SIGNANCE
YOUR NAME Bryce Ichnis	2 1 2/2 -	8/24/19
YOUR ADDRESS LO LANGDON	ST. MAD ISON, W/ 537	0.3
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 answer	ea yes, go on to the next questions.
Name, address and telephone number of ea	ach person or organization you are repres	senting:
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	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	m except
If you are being paid for your representation,		
Before you engage in lobbying as a lobb Your principal is not permitted to author	byist, you or your principal must file an authorize you to lobby unless the principal is region to the standard for lobbying services in any right the City Clerk for the remaining quarter	orization with the City Clerk. stered with the City Clerk. reporting period (calendar six months), the
(Please go to the City Clerk's website www.c County Building, Madison, for more information	citvofmadison.com/clerk/index.html or go to	
Date 8/24/19	Signature Daya /eins	

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7,0	BJECT/ADDRESS/TOPIC	2 0000000	
YOUR NAME _ ChARLE	S Leske DAT	E 8/26/ 2	29
YOUR ADDRESS 2958 6	Franchiew Circle &	on thairie,	uf
Please check the appropriate boxes:		535	90
□ Support -	Oppose	☐ Neither Support No	r 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 sp	eak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answ	ver questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you answ	ered "yes," go on to the next	☐ No questions.)
Name, address and telephone number of e	ach person or organization you are repr	counting.	Status 14
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	☐ Yes of this form.	□ 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	□No
If you are being paid for your representation			t:
Before you engage in lobbying as a lobb Your principal is not permitted to autho	oyist, you or your principal must file an au rize you to lobby unless the principal is re	thorization with the City Clergistered with the City Clerk.	k.
If your principal spends or will owe more principal must file expense statements via the statements of the statement of the statemen	re than \$1,000 for lobbying services in any with the City Clerk for the remaining quart	ers of the calendar year.	a monuis), tire
(Please go to the City Clerk's website www. County Building, Madison, for more information	cityofmadison.com/clerk/index.html or go ation.)		103 of the City-
Date	Signature		
		. WESTMATION	

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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1//		0.1:	
	ECT/ADDRESS/TOPIC <u>C/</u>		
YOUR NAME Tom Merfeld		TE 8/26/2019	
YOUR ADDRESS 3088 Fdenber	erry St Fitchburg	WI 3711	
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 question	as	nswer questions
At this meeting are you representing an of (If you answered "no," STOP; you need not com	nplete the rest of this form. If you ans	swered "yes," go on to the n	No ext questions.)
Name, address and telephone number of each	person or organization you are re	presenting:	
Are you being paid for your representation?		☐ Yes	☑ No
Are you appearing as part of your other paid duti (If you answered "no" to both these questions, S If you answered "yes," please continue.)	ties for this person or organization? STOP. You need not complete the res	Yes of this form.	☑ No
Are you an elected official or employee who is a for your municipality or other governmental bod (If you answered "yes" to the question, STOP. It that you must sign this form. If you answered "n	ly? You need not complete the rest of this	form except	☑ No
If you are being paid for your representation, or	if your appearance is part of other pa	aid duties, please be advised	that:
Before you engage in lobbying as a lobbyist			
2. Your principal is not permitted to authorize	you to lobby unless the principal is	registered with the City Cler	·k.
If your principal spends or will owe more the principal must file expense statements with	han \$1,000 for lobbying services in a the City Clerk for the remaining qua	ny reporting period (calenda arters of the calendar year.	ar six months), the
(Please go to the City Clerk's website www.citye County Building, Madison, for more information	n.)		oom 103 of the City-
Date 8/26/2019 Sig	gnature Thomas .	Media	
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC CT W	dinonce	
YOUR NAME Coney Sielaff DATE 8/24	119	
YOUR ADDRESS ZILL S. Whitney Way Madison, WT	5371	
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	ot wish to	speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available	lable to an	swer questions
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	Yes on to the ne	☐ No xt 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	□ 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	Ø No
If you are being paid for your representation, or if your appearance is part of other paid duties, please	be advised the	hat:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with	the City Cl	erk.
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with th		
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting perior principal must file expense statements with the City Clerk for the remaining quarters of the calen	od (calendar dar year.	six months), the
(Please go to the City Clerk's website <u>www.citvofmadison.com/clerk/index.html</u> or go to the Clerk's County Building, Madison, for more information.)	Office at Roo	m 103 of the City-
Date 3/24/19 Signature	1	

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CI FONING				
YOUR NAME DHN HAUSER DATE 8-16-19				
YOUR ADDRESS	16(r* 1 y 176). 215			
Please check the appropriate boxes:				
□ Support	Oppose	Neither Suppor	rt Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	ak (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	n organization or a person other that complete the rest of this form. If you answer	n yourself:	s 🛂 No e next questions.)	
Name, address and telephone number of ea				
		☐ Ye	s TNo	
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 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 for	rm except ☐ Ye.	s UNo	
If you are being paid for your representation,	or if your appearance is part of other paid of	duties, please be advis	sed that:	
	yist, you or your principal must file an auth			
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.				
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Date 8.16.19 Signature				

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	BJECT/ADDRESS/TOPIC	- Zoning		
YOUR NAME Jennifer Ku.		8/26/19		
YOUR ADDRESS 865 Terr	ry Place			
Please check the appropriate boxes:	,			
□ Support	2 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 not wish to sp	peak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answ	wer 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 answe	red "yes," go on to the next	₩No t questions.)	
Name, address and telephone number of ea	nch 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 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 <u> </u>				

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Edge WOOD HS ZOUTING				
YOUR NAME PACINACI ZWETTIEN DATE 08/26/20/9				
YOUR ADDRESS 4625 GVe	gg Rd. Madison, wit	53705		
Please check the appropriate boxes:	9			
□ 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 a (If you answered "no," STOP; you need not	n organization or a person other than complete the rest of this form. If you answere	yourself: Yes ed "yes," go on to the r	☐ No next questions.)	
Name, address and telephone number of ea	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? s, STOP. You need not complete the rest of t	Yes his form.	₩ 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	oody? P. You need not complete the rest of this forn	☐ Yes n except	™No	
If you are being paid for your representation,	or if your appearance is part of other paid do	ities, please be advised	that:	
Before you engage in lobbying as a lobb	yist, you or your principal must file an autho	rization with the City (Clerk.	
	ize you to lobby unless the principal is regist			
If your principal spends or will owe morprincipal must file expense statements w	e than \$1,000 for lobbying services in any re ith the City Clerk for the remaining quarters	porting period (calendar of the calendar year.	ar six months), the	
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Date 18/26/2019 Signature ROWWILL MWHTER				

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PLAN COMMISSION REGISTRATION FORM REGISTRATION FORM REGISTRATION FORM
AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC
YOUR NAME Mark, Cucarcle DATE 126/11
YOUR ADDRESS 5781 Jorde View 153711
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: \(\sigma\) Yes (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.)
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(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, Madjson, for more information.)
Date 8/26/19 Signature 11/0/ Sucarell
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AGENDA ITEM NO. /O SU		28.097		
YOUR NAME 6 Brando	5 menez DATE	1 Aug 26,2	019	
YOUR ADDRESS 2870	Sylvan Ava Madson	_ , 61 537	705	
Please check the appropriate boxes:				
□ Support	M 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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answe	red "yes," go on to the ne.	☑ No xt questions.)	
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 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 for	☐ Yes m except	□ No	
If you are being paid for your representation,	or if your appearance is part of other paid of	duties, please be advised th	nat:	
1. Before you engage in lobbying as a lobby	yist, you or your principal must file an auth	orization with the City Cle	erk.	
	ize you to lobby unless the principal is regi			
If your principal spends or will owe more principal must file expense statements with the statement of	e than \$1,000 for lobbying services in any r ith the City Clerk for the remaining quarter	eporting period (calendar s of the calendar year.	six months), the	
(Please go to the City Clerk's website www.co County Building, Madison, for more informat		the Clerk's Office at Room	m 103 of the City-	
Date	Signature			

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CAMPUS ZONING
OUR NAME JACK ZWETTLER DATE 8/26/19
TOUR ADDRESS 7538 MID TOWN RD #204 MADISON, WI 53
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 \square 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:
EDGEWOOD HICH SCHOOL 608 257 1023
NAME OF THE PARTY
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 8 26 2019 Signature fack Justill
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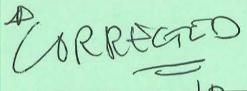
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	BJECT/ADDRESS/TOPIC CAMA	dus Ir	Istitu	tional Zoni
YOUR NAME DANIELLE DESERAND DATE 8-26-19				
	idler St., Madison	53719	2	
Please check the appropriate boxes:				
□ Support	Oppose	Neither S	upport N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish t	o speak (.	3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not	t wish to	speak
☐ Available to answer questions	Available to answer questions	☐ Availa	ble to ans	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answere	ed "yes," go o	Yes in to the ne:	☐ No xt questions.)
Name, address and telephone number of ea Edgewood High So	nch person or organization you are represe	enting:		
Are you being paid for your representation?			☐ Yes	□(No
				7(
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	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	oody? P. You need not complete the rest of this form	ı except	☐ Yes	No
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	ize you to lobby unless the principal is regist			
If your principal spends or will owe mor principal must file expense statements w	e than \$1,000 for lobbying services in any re ith the City Clerk for the remaining quarters	porting period of the calenda	i (calendar ar year.	six months), the
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	Signature Mille De Su	0		

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AGENDA ITEM NO. U SUBJECT/ADDRESS/TOPIC WNOG				
TOOK NAME NOT TOOK NAME NOT TOOK NAME NOT TOOK NAME	126-19			
YOUR ADDRESS 1223 SCENIC PROGE OR, VA	shent 23203			
Please check the appropriate boxes:				
□ Support □ N	either 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 you (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 represent	ing: ડે			
	□ Yes □ No			
Are you being paid for your representation?	— 103 — 110			
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 If you answered "yes," please continue.)	☐ Yes ☐ No form.			
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 exthat 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 8-26-19 Signature While is				

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Agenda # 10 corrected

AGENDA ITEM NO. # 10 SUI	BJECT/ADDRESS/TOPIC Zor	ring	74	
YOUR NAME Annelle Cruz	DATE	8/20	105/0	
YOUR ADDRESS 5713 Dark	moor Drive Madison	WI	537	(1
Please check the appropriate boxes:				
□ Support	D Oppose □	Neither S	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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able 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 answer	ed "yes," go	☐ Yes on to the ne	ext questions.)
Name, address and telephone number of ea	ach person or organization you are repres	enting:		
Are you being paid for your representation?			☐ Yes	Q 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 a	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 for	m except	☐ Yes	No
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please	be advised	that:
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Collected

PLAN COMMISSION REGISTRATION FORM

Agenda - #10

CENTRAL PRINCIPAL AND ALLE CENTRAL	DIECT/ADDRESS/TODIC	A	F F F F	74 3 5 6 6
AGENDA ITEM NO. #10 SUBJECT/ADDRESS/TOPIC CONIAG VOLUM NAME All COLOR DATE 826 2019				
YOUR NAME Ally Cruz	DATE_			
YOUR ADDRESS 57/3 David	throor Drive, Medison	WF:	53711	
Please check the appropriate boxes:				
□ Support	P Oppose □	Neither S	upport 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 no	t wish to s	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to ans	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answere	ed yes, go	Yes on to the nex	□ No xt questions.)
Name, address and telephone number of ea	ach person or organization you are represe	enting:		
			☐ Yes	□ No
Are you being paid for your representation?				
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Edgwood HS			
YOUR NAME Sesse Nomes DATE			
YOUR ADDRESS 2 Wales-on	- Sl. Madison Wi		
Please check the appropriate boxes:			
□ Support □	☐ Oppose ☐ □	Neither Suppor	rt Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	ak (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 o	complete the rest of this form. If you answered	"yes," go on to th	s X No e next questions.)
Name, address and telephone number of ea	ch person or organization you are represen	ting:	
Are you being paid for your representation?		☐ Ye	s 🔊 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 this	□ Yes	s 💆 No
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	is appearing solely on behalf of your office or ody? • You need not complete the rest of this form emon to the question, go on to the next question.	Ye except ons.)	s 🙇 No
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Date 8/26/2019 Signature 4			

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Cangos- Institutional Zoning District				
YOUR NAME Benjamin Strikland DATE 8-26-19				
YOUR NAME Benjamin Strickland DATE 8-26-19 YOUR ADDRESS 445 Woodside Terrace Madism, W1 53711				
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 \(\sigma\) 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:				
Edgeward HS. ; City of Madien Parfayer				
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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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC CAMPUS	Institutional	ZONEN6	
YOUR NAME RYAN KAPOW	DATE_	8/26/2019		
YOUR ADDRESS 6926 C PAS	S UNIT ZIO MADISON, WI	53719		
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 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 o	complete the rest of this form. If you answere	d "yes," go on to the ne	□ No ext questions.)	
Name, address and telephone number of ea	nch person or organization you are represe	nting:		
Are you being paid for your representation?		☐ Yes	No 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	☐ Yes nis form.	No 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 form	except Yes	94No	
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Date 1/26/7019	Signature	2		

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

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	<i>O</i>) n	d D 1 1 1 t		
AGENDA ITEM NO	BJECT ADDRESS/TOPIC	Substitule		
YOUR NAME // QV GAVET	SUIS DATE	8/26/19		
YOUR ADDRESS // // //	Paterson Madisi	30/		
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	an organization or a person other than complete the rest of this form. If you answer	n yourself: Yes No ed "yes," go on to the next questions.)		
Name, address and telephone number of ea	ach person or organization you are repres	senting:		
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	Yes No 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.	m except		
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please be advised that:		
Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
	ize you to lobby unless the principal is regis			
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AGENDA ITEM NO. 1 SUI	BJECTYAID DRESS/TOPIC	Substi	fute	
YOUR NAME SANGE	XOCO DATE	8-26-1	7	
YOUR ADDRESS ALLOW SOLL	erson			
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 not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ar	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answe	red "yes," go on to the n	☐ No ext questions.)	
Name, address and telephone number of ea	ich person or organization you are repre	senting:		
		☐ Yes	No	
Are you being paid for your representation?			And	
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	f this form.	No	
Are you an elected official or employee who	is appearing solely on behalf of your office	or 🔲 Yes	X No	
for your municipality or other governmental language (If you answered "yes" to the question, STO) that you must sign this form. If you answered	P. You need not complete the rest of this to	rm except	16.00	
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 author	ize you to lobby unless the principal is reg	stered with the City Cler	k.	
	than \$1,000 for lobbying services in any the City Clerk for the remaining quarte			
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(2)	1	nd C		
AGENDA ITEM NO SUI	BJECT/ADDRESS/TOPIC	ubstitute		
YOUR NAME ///ar/lene,	DAT	m 8 jalo-19		
YOUR ADDRESS 505 N	Carroll ST	Madison		
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	n organization or a person other the complete the rest of this form. If you answe	an yourself: Yes No No ered "yes," go on to the next questions.)		
Name, address and telephone number of ea				
		·		
		D. A.		
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 is for your municipality or other governmental by (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	orm except		
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PLAN COMMISSION REGISTRATION FORM UBJEQT/ADDRESS/TOPIC AGENDA ITEM NO DATE YOUR NAME YOUR ADDRESS @ Please check the appropriate boxes: Oppose ☐ Neither Support Nor Oppose ☐ 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 At this meeting are you representing an organization or a person other than yourself: \(\simega\) Yes (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: ☐ Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? ☐ Yes (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 (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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.

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AGENDA ITEM NO. / SUBJECT/ADDRESS/TOPIC Zoning Codo				
YOUR NAME Melisx Claston DATE 26 Aug 2018				
YOUR ADDRESS 5866 TI	mba Ridge Trail Fitchburg	WI 53	711	
Please check the appropriate boxes:	0			
□ Support	Oppose	Neither S	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 no	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able 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 ea	complete the rest of this form. If you answere	d "yes," go		No ext questions.)
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 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	except	☐ Yes	Дио
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Date 8/26/2019 Signature Melisse Klipstine				

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC					
YOUR NAME Patrick Klystne DATE 26AU62019					
YOUR ADDRESS 5866 Timber Rede Trail, Fithburg, W1 53711					
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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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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	BJECT/ADDRESS/TOPIC			
YOUR NAME Dennis D	pavidsayer DATE	8-26-19		
YOUR ADDRESS 624 W.	Shore Dr. Madiso.	y CUI		
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	n organization or a person other than complete the rest of this form. If you answere	yourself: Yes No No d "yes," go on to the next questions.)		
Name, address and telephone number of ea	nch person or organization you are represe	nting:		
		D.V. Defe		
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 for your municipality or other governmental leading of the state	oody? P. You need not complete the rest of this form	except Yes No		
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A THE PARTY OF THE	BJECT/ADDRESS/TOPIC $_$ $\subset \mathcal{I}$	Zoning		
YOUR NAME Casey Trudgeon DATE 026/19				
YOUR ADDRESS 562	Tree line Oc. fity	pris, W	E 577//	
Please check the appropriate boxes:		O.		
□ Support	Oppose	Neither Suppor	rt Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spe	ak (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	ch person or organization you are represen	nting:		
-				
Are you being paid for your representation?		☐ Yes	No 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.)	tuties for this person or organization? s, STOP. You need not complete the rest of the	Yes	No No	
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	ody? • You need not complete the rest of this form	□ Yes except ons.)	No	
If you are being paid for your representation,	or if your appearance is part of other paid duti	es, please be advise	ed that:	
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AGENDA ITEM NO. / O SU	BJECT/ADDRESS/TOPIC				
YOUR NAME LeArra Wall DATE 8/26 YOUR ADDRESS 777 Lakewood Blvd, Madison, w. 53704					
YOUR ADDRESS 777 La	kowood Blud, Madis	on. w. 5	3704		
Please check the appropriate boxes:					
□ Support	Oppose 🗆	Neither Suppo	ort Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spe	eak (3 min. limit)		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish	n to speak		
☐ Available to answer questions	Available to answer questions	☐ Available to	o 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 on to th	es		
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AGENDA ITEM NO. // SU	BJECT/ADDRESS/TOPIC Edg	exact 45	2	
YOUR NAME John McK.	DATE DATE	8-26-19	7	
YOUR ADDRESS 509 C	hastrs lane Mad	dison WI	5371	
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 not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ar	nswer 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	ed "yes," go on to the n	No ext questions.)	
Name, address and telephone number of e	ach person or organization you are repres	senting:		
			*	
110		☐ Yes	□ No	
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 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	□ No	
If you are being paid for your representation,	or if your appearance is part of other paid of	uties, please be advised	that:	
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GENDA ITEM NO. 1 SUBJECT/ADDRESS/TOPIC CAYENOOD HS
OUR NAME Andrew Trampt DATE 6/26/19
OUR ADDRESS 2327 Dynes way
lease 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 You answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)
ame, address and telephone number of each person or organization you are representing:
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AGENDA ITEM NO	0.00	inance	
TOOK THIND OCCUPY FEET TO	Ue-19		
YOUR ADDRESS 7755 Pamela CW.			
Please check the appropriate boxes:			
□ Support □ Oppose □ Neither S	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	t wish to s	speak	
☐ Available to answer questions ☐ Available to answer questions ☐ Available	able to ans	swer questions	
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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.)	☐ Yes	No	
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& REGISTRATION TOKING PROX			
AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC CF OVAL	nunce		
YOUR NAME Carolyn Wasacz DATE	126/18		
YOUR ADDRESS 8438 Swan Rd Mt. Hords, a	WI 53572		
Please check the appropriate boxes:			
□ Support □ Coppose □ Neith	er Support Nor Oppose		
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ W	ish to speak (3 min. limit)		
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do	o not wish to speak		
☐ Available to answer questions ☐ Available to answer questions ☐ A	vailable to answer questions		
At this meeting are you representing an organization or a person other than yourse (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes,"	elf: Yes No 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 Yes		
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		
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Date 0/26/19 Signature Celif Wasarz			

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	BJECT/ADDRESS/TOPIC	Ordina	quee	
YOUR NAME Wayne K	oenig DATE	8/20	e/19	
YOUR ADDRESS 41 New !	oury Circle, Madison	W15	3711	
Please check the appropriate boxes:				
□ Support >	△ Oppose □	Neither Su	ipport 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	☐ Availal	ble 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 answere	ed "yes," go o	☐ Yes n to the ne	№ No xt questions.)
Name, address and telephone number of ea				
		HIMBY		
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 the		☐ 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 forn	1 except	☐ Yes	ĭNo
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Date 8/20/17	Signature // Wayne Goenfg			

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AGENDA ITEM NO. O SU	BJECT/ADDRESS/TOPIC Eda	sewood			
YOUR NAME Arry Greenhalgh DATE Ang 26, 2019					
YOUR ADDRESS 617 Cha	tham Terr	•			
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 speal	k (3 min. limit)		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish t	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	n organization or a person other than complete the rest of this form. If you answer	n yourself: Yes ed "yes," go on to the	☐ No next questions.)		
Name, address and telephone number of ea	ich person or organization you are repres	enting:			
Are you being paid for your representation?		☐ Yes	M No		
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Date A19 720, 7019 Signature A11					

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

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AGENDA ITEM NO. /O SUBJECT/ADDRESS/TOPIC F. H.S. 20	MILE	
YOUR NAME & VLOWE YELLOW-SHIRING DATE # 8	126/19	
YOUR ADDRESS 2222 HILLINGTON GROWN MADNON	53726	
Please check the appropriate boxes:		
□ Support □ Oppose □ Neither S	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	ot wish to speak	
☐ Available to answer questions ☐ Available to answer questions ☐ Avail	lable to answer questions	
At this meeting are you representing an organization or a person other than yourself: Yes Yes (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:		
	☐ Yes ☐ No	
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.)	Yes No	
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Date 8/36/19 Signature Engre yelles This		
V V	<u> </u>	

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Edgowood		
YOUR NAME Thomas Yeger DATE 8-		
YOUR ADDRESS 5836 Wook Elge Rd. Fithburg	WI 53711	
Please check the appropriate boxes:		
□ Support □ Oppose □ Neither S	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	ot wish to speak	
☐ Available to answer questions ☐ Available to answer questions ☐ Avail	lable to answer questions	
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- Trainey address and telephone number of each person of organization you are representing.		
Are you being paid for your representation?	☐ Yes ☐ No	
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AGENDA ITEM NO. / Q ŞU	BJECT/ADDRESS/TOPIC 2	nd Substille	
YOUR NAME Brian Hilgon	DAT	E 8/26/19	
YOUR ADDRESS 425 7	ubile Lane May	lison	
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 a (If you answered "no," STOP; you need not of	n organization or a person other the complete the rest of this form. If you answ	an yourself: Yes	□ No sext questions.)
Name, address and telephone number of ea			
			-
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	of this form.	Ø No
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Date S/26/17 Signature Prian Hilson			

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REGISTRATION FORM AGENDA ITEM NO YOUR NAME YOUR ADDRESS Please check the appropriate boxes: Oppose ☐ 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: \(\simega\) Yes (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 Are you appearing as part of your other paid duties for this person or organization? ☐ Yes (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 (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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 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.cityofmadison.com/clerk/index.html or go to the Clefk's Office at Room 103 of the City-County Building Madison, for more information.) Date Signature

PLAN COMMISSION

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

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AGENDA ITEM NO/OSU	BJECT/ADDRESS/TOPIC	rd Substitute	
YOUR NAME Sonhin Kor	DAT	8/26/19	
YOUR ADDRESS 626 Lan	slen St. #305	**************************************	
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 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 of	n organization or a person other that complete the rest of this form. If you answe	n yourself: Yes red "yes," go on to the ne	No ext questions.)
Name, address and telephone number of ea			* 0.912.22.*
			-
Are you being paid for your representation?		☐ Yes	ØN₀
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? 5, STOP. You need not complete the rest of	☐ Yes this form.	✓No
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	☐ Yes	✓No
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		To reit	
AGENDA ITEM NO. O SU	BJECT/ADDRESS/TOPIC	1 Substitute	
YOUR NAME Genald	Modjeska DATE	8/20/18	
YOUR ADDRESS 4817	Starker Ave. Madis	ion, 53716	
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 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 of	n organization or a person other than complete the rest of this form. If you answere	yourself: Yes ed "yes," go on to the nex	MNo t questions.)
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			where the same of
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 the	Yes his form.	No
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC _	Jud Substitute	
YOUR NAME IM XOVA	DATE DE AL	
YOUR ADDRESS 505 W CANNO (C	J /adison 5370	
Please check the appropriate boxes:		
□ Support Oppose	☐ Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)	nit)	
Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions ☐ Available to answer ques	stions	
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