	BJECT/ADDRESS/TOPIC Zor	ring Tex	1 Amendment		
	fert DATE	8/26/	2019		
YOUR ADDRESS 2006 Max	nroe St, Madison	:Wi-			
Please check the appropriate boxes:					
Support	□ Oppose □	Neither Supp	port Nor Oppose		
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to s	peak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wi	ish 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 answere	d "yes," go on to	Yes No the next questions.)		
Name, address and telephone number of ea	ch 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 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	nis form.	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.)					
If you are being paid for your representation,	or if your appearance is part of other paid dut	ties, please be adv	vised that:		
1. Before you engage in lobbying as a lobby	rist, you or your principal must file an author	ization with the C	City Clerk.		
2. 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 principal must file expense statements wi 	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of	orting period (ca of the calendar ye	lendar six months), the ear.		
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date 5	Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

- 1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.
 - Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Zanny alund wast					
YOUR NAME Wardy Fearnside DATE 8-26-19					
YOUR ADDRESS 912 Van	Buren St.			heiri malay	
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 no	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	lable to an	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 answere	ed "yes," go		₩ No xt questions.)	
Are you being paid for your representation?					
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Date S	Signature		1917 F		

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

(I dolle realings formally begin at 0.00 p.m. or shortly therealter)

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Ethan

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 56981 CI	District	Amendment
YOURNAME Ethan Brodsky DATE 2019	-08-26	
YOUR ADDRESS 866 Woodrow St. Madison WI 53	711	
Please check the appropriate boxes:		
⊠Support □ Oppose □ Neither S	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	ot wish to sp	eak
☐ Available to answer questions ☐ Available to answer questions ☐ Avail	able to ansv	ver 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 questions.)
	k	
		-
Are you being paid for your representation?	☐ Yes	□ No
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)	☐ Yes	□ No
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)	☐ Yes	□ No
If you are being paid for your representation, or if your appearance is part of other paid duties, please	be advised that	:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with	the City Clerk	ς,
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the		
 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 calend 	od (calendar si dar year.	x months), the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's County Building, Madison, for more information.)	Office at Room	103 of the City-
Date Signature		

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AHA	DI GUET	· · ·	1 1. 1 2/00
AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC 793	ever, Ampardmen	1 (Gula 3 698)
YOUR NAME JOHN GETTLE	DATE	8/26/2019	
YOUR ADDRESS 356 Ws	than Auc	((
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	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 on to the ne	No et 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 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 forn	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid du	aties, please be advised th	nat:
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	ize you to lobby unless the principal is regist		
 If your principal spends or will owe more 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 (calendar of the calendar year.	six months), the
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YOUR NAME		JBJECT/ADDRESS/TOPIC	ZONIND		
Please check the appropriate boxes: Support					
Wish to speak (3 min. limit) Do not wish to speak Available to answer questions Available to answer questions Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no." STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes No (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," please continue.) Are 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 is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year. (Please go to the City Clerk's website wave cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	YOUR ADDRESS 2260 W	est Lawn Ave Mai	dison Wi 5:	3711	
Wish to speak (3 min. limit)	Please check the appropriate boxes:				
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 appearing as part of your other paid duties for this person or organization? (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. 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.cityofinadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	Support	□ Oppose □	Neither Support N	or Oppose	
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Date Signature	(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.)				
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AGENDA ITEM NO. 56839 SUBJE	ECT/ADDRESS/TOPIC	SCEWWA G	1.5. MUSTER PLAN	
YOUR NAME DAVID MA	DA DA	TE 8/26/	19	
YOUR ADDRESS 1710 HODE	en thic prive	* *		
Please check the appropriate boxes:				
Support	Oppose	☐ Neither Sup	port Nor Oppose	
Wish to speak (3 min. limit)	Wish to speak (3 min. limit)		speak (3 min. limit)	
☐ Do not wish to speak ☐	Do not wish to speak		vish to speak	
☐ Available to answer questions ☐	Available to answer question	ns 🗖 Available	e to answer questions	
At this meeting are you representing an o (If you answered "no," STOP; you need not comp	organization or a person other aplete the rest of this form. If you and	than yourself: wered "yes," go on to	Yes No to the next questions.)	
Name, address and telephone number of each p			************	
Are you being paid for your representation?		0	Yes No	
Are you appearing as part of your other paid dutie (If you answered "no" to both these questions, ST If you answered "yes," please continue.)			Yes No	
Are you an elected official or employee who is ap for your municipality or other governmental body (If you answered "yes" to the question, STOP. Yo that you must sign this form. If you answered "no	y? ou need not complete the rest of this	form except	Yes No	
If you are being paid for your representation, or if	f your appearance is part of other pa	id duties, please be ac	lvised that:	
1. Before you engage in lobbying as a lobbyist,	you or your principal must file an a	uthorization with the	City Clerk.	
2. Your principal is not permitted to authorize y				
 If your principal spends or will owe more that principal must file expense statements with the 	an \$1,000 for lobbying services in ar he City Clerk for the remaining qua	ny reporting period (ca eters of the calendar y	alendar six months), the ear.	
(Please go to the City Clerk's website www.cityofmadison.com/clark/index.hfml or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 8 19 Signature				

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC ALTER EVENE TEXT ALLE	
Property of the state of the st	TOVOL
YOUR NAME BILL KATTUNIE DATE 8/26/20	19
YOUR ADDRESS 838 WOONROW ST.	
Please check the appropriate boxes:	
Support	ie
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☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak	
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer quest	ions
At this meeting are you representing an organization or a person other than yourself: \(\sigma\) Yes \(\sigma\) No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)
Name, address and telephone number of each person or organization you are representing:	
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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), principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.	the
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PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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	BJECT/ADDRESS/TOPIC EQQ	ewood		
YOUR NAME Ally CRUZ	DATE	8/24		
YOUR ADDRESS 5713 D	artmoor prive			
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		
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Name, address and telephone number of ea	ch person or organization you are represe	enting:		
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		endment to CT	26ning
YOUR NAME Shawn	Doherty DAT	E August 26	2019
YOUR ADDRESS		V	
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	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of			No ext 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 question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	☐ Yes of this form.	□ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	☐ Yes	□ No
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(Please go to the City Clerk's website www.c. County Building, Madison, for more informated by the August 26 2019	ityofmadison.com/clerk/index.html or go ion.) Signature Main Dotul	to the Clerk's Office at Roo 	om 103 of the City-

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 17/00 EVES TZXT
YOUR NAME Tracy Lewis DATE 8/26/19 Horse
YOUR ADDRESS 706 Leonard Madison 5371
Please check the appropriate boxes:
□ Support □ Oppose □ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
At this meeting are you representing an organization or a person other than yourself: Yes (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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County Building, Madison, for more information.)
Date 8/26/19 Signature Dacepholes

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AGENDA ITEM NO.	SUBJECT/ADDRESS/TOPIO	c Conii	15 (ode	Amendmen
YOUR NAME Debi	Leeper	DATE	Aug 26	, 18
YOUR ADDRESS 866	Terry Place	Madisa	n, Jus	5374
Please check the appropriate boxes	: 0			
Support	□ Oppose	□ No	either Support N	lor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min.	limit)	Wish to speak (3 min. limit)
Do not wish to speak	☐ Do not wish to speak		Do not wish to	speak
☐ Available to answer question	ns	uestions [Available to an	swer questions
At this meeting are you representing (If you answered "no," STOP; you need to				No xt questions.)
Name, address and telephone number of		12		
Are you being paid for your representation	n?	WILE.	☐ Yes	Q No
Are you appearing as part of your other pa (If you answered "no" to both these quest If you answered "yes," please continue.)	aid duties for this person or organizations, STOP. You need not complete	ation? e the rest of this f	☐ Yes	Ŭ No
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If you are being paid for your representati	on, or if your appearance is part of	other paid duties	, please be advised the	nat:
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(Please go to the City Clerk's website www.County Building, Madison, for more informate Date	w.cityofmadison.com/clerk/index.h mation.) Signature QUO	tml or go to the O	Clerk's Office at Roo	m 103 of the City-

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A MATOR DATE

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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOP	IC ALDEIL E.	26.63	
YOUR NAME JOHN CHOS	54	DATE	5-26-1	9
YOUR ADDRESS 2254	KEYES ALE	MADISON	J W/	53711
Please check the appropriate boxes:				
Support	□ Oppose	□ Neitl	er Support	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min	. limit) 🗆 V	Vish to speak	(3 min. limit)
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☐ Available to answer questions	☐ Available to answer	questions	vailable to a	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of				No ext questions.)
Name, address and telephone number of ea	ch person or organization y	ou are representing:		
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.)			Yes	□ 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	oody? P. You need not complete the r	est of this form except	☐ Yes	□ No
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		11-	
	Anna Par Sancardo Casa Academ Cara Cara Cara	IDER EVERS	AMMENON
YOUR NAME Jamara 13	DATE DATE	TE Aug 26, 201	9
YOUR ADDRESS 2254 k	Edycs are Mac	disati	
Please check the appropriate boxes:	Ø		
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	s 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 the complete the rest of this form. If you answ	han yourself: Yes wered "yes," go on to the ne	No ext questions.)
Name, address and telephone number of ea	ich person or organization you are rep	oresenting:	
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	Yes of this form.	□ No
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Date 8/26/2019	Signature	Syland -	

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Engewood 600	Iman F	reld		
YOUR NAME HARRY HANCY DATE 8/20				
YOUR ADDRESS 1945 Wallinford enrels SUN Prairie W1 53	590			
Please check the appropriate boxes:				
■ Support Edgenosel □ Oppose □ Neither	Support N	Nor Oppose		
	to speak	(3 min. limit)		
② 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	Yes on to the ne	☐ No ext 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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(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 TM/Hy				

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AGENDA ITEM NO. O SU	BJECT/ADDRESS/TOPIC	teewood is	ve
YOUR NAME MYTH WUL		8-50-90	19
YOUR ADDRESS 890	Woodraw Street	-, MAdison,	53711
Please check the appropriate boxes:			
Support	□ Oppose □ N	either 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
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Name, address and telephone number of ea	ch person or organization you are represent	ing:	
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Are you an elected official or employee who for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered		☐ Yes ccept as.)	A No
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(Please go to the City Clerk's website www.c.	ityofmadison.com/clerk/index.html or go to the	Clerk's Office at Room	103 of the City-
County Building, Madison, for more informat	12-1 -1 11		
Date 5/20/2019	Signature Mulle / Un		

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

Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested

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AGENDA ITEM NO. /O SU	BJECT/ADDRESS/TOPIC CI	Zoning Amendment		
		8/26/19		
YOUR ADDRESS 2628 Art	or Dr. #407			
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 a Name, address and telephone number of each	complete the rest of this form. If you answe	red "yes," go on to the next questions.)		
Are you being paid for your representation?		☐ Yes		
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	Yes ANo 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	body? P. You need not complete the rest of this for	™ except		
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 lobby	yist, you or your principal must file an auth	orization with the City Clerk.		
	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 rith the City Clerk for the remaining quarter	reporting period (calendar six months), the sof the calendar year.		
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 8/24/19 Signature				

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AGENDA ITEM NO. /O SU	BJECT/ADDRESS/TOPIC		nentucat		
YOUR NAME Marca	Siamond DATE	8-26-19			
YOUR ADDRESS 663 Gra	udall, 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) ☐ 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			No ext questions.)		
Name, address and telephone number of ea	ch person or organization you are represe	nting:			
			Di.		
Are you being paid for your representation?		☐ Yes	No 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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.					
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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC Opungo	13-Institution	1) quiral med	
YOUR NAME KAY GABRIEL	DATE	8/20/19		
YOUR ADDRESS 2628 AND	on Dr. 4407, Mydian u	DE 5371		
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 an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not			No ext questions.)	
Name, address and telephone number of ea	ach person or organization you are repres	senting:		
			12	
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	☐ Yes this form.	No 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 for	☐ Yes m except	A No	
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If your principal spends or will owe mor principal must file expense statements w	e than \$1,000 for lobbying services in any reith the City Clerk for the remaining quarters	eporting period (calendars of the calendar year.	six months), the	
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Date \$/26/19	Signature Half fallish			

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AGENDA ITEM NO# / O SU	BJECT/ADDRESS/TOPIC TAG	3 CIDIST			
YOUR NAME Sucance	Dave DATE	8/26/19			
YOUR ADDRESS 452 Vrgna Tene					
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	ach person or organization you are repres	enting:			
	WANTED TO THE STATE OF THE STAT	D 374-			
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 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	□ Yes □ No n except			
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AGENDA ITEM NO.#10	SUBJECT/ADDRESS/TOPIC	NO	Nea	PSANO	dian!
YOUR NAME 62 LA	Sh	DATE_	8/24	119	
YOUR ADDRESS 452	Virginia Tenne	FULL	#5	3726	
Please check the appropriate boxe	es:				
D⊈-Support	☐ Oppose		Neither S	Support N	lor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. li	mit)	□ 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 question	ons	estions	☐ Avail	able to an	swer questions
At this meeting are you representi	I not complete the rest of this form. If ye	ou answered	d "yes," go	☐ Yes on to the ne	No xt questions.)
Name, address and telephone number	of each person or organization you a	are represe	nting:		
Are you being paid for your representation	on?			☐ 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 for your municipality or other governme (If you answered "yes" to the question, a that you must sign this form. If you answered	ntal body? STOP. You need not complete the rest	of this form	except	☐ Yes	🖾 No
If you are being paid for your representa	tion, or if your appearance is part of ot	her paid dut	ies, please	be advised th	nat:
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 If your principal spends or will owe principal must file expense statement 	more than \$1,000 for lobbying service nts with the City Clerk for the remaining	es in any rep ng quarters o	orting perion	od (calendar lar year.	six months), the
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Date	Signature				

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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC_	Edgewo	of me	estre Place
YOUR NAME Janes C	Laube	DATE 8	126/	19
YOUR ADDRESS 2025	Jefferson Si	: Medi	·m (W, 5371,
Please check the appropriate boxes:	, "			
Support	□ Oppose	□ Neither	Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	nit) 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 que	stions 🗖 Avai	lable to ans	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 yo	u answered "yes," go	Yes on to the ne.	Xt questions.)
Are you being paid for your representation?			☐ Yes	₫\No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organizations, STOP. You need not complete the	on? ne rest of this form.	☐ Yes	No
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If your principal spends or will owe mor principal must file expense statements w	e than \$1,000 for lobbying services with the City Clerk for the remaining	s in any reporting peri g quarters of the calen	od (calendar dar year.	six months), the
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AGENDA ITEM NO. 10 SUI	BJECT/ADDRESS/TOPIC Hne	nd C-I	
YOUR NAME David L	eeper DATE	8-26-	19
YOUR ADDRESS 866 Te	Try Pi Madisor		
Please check the appropriate boxes:			
⊠ Support	☐ Oppose ☐	Neither Support N	lor 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 of			No xi questions.)
Name, address and telephone number of ea	ch person or organization you are represe	enting:	
Are you being paid for your representation?		☐ Yes	Æ(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.	D 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	oody? P. You need not complete the rest of this form	☐ Yes	₩ No
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised th	nat:
2. Your principal is not permitted to authori	vist, you or your principal must file an author ze you to lobby unless the principal is registe than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters	ered with the City Clerk.	
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AGENDA ITEM NO. SUI	BJECT/ADDRESS/TOPIC Tag El	121-15	amen	duent	
YOUR NAME Parid The	DATE :	8/26,	117		
YOUR ADDRESS 306 Fa	165 Cf., Madison	,55	3703		
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	able to ans	swer questions	
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Name, address and telephone number of ea	ich person or organization you are represen	iting:			
Are you being paid for your representation?			☐ Yes	□ No	
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Legistartile #56981

	BJECT/ADDRESS/TOPIC ALDEC	Evers lex	Amondment		
YOUR NAME Mary Low NE	WALL TO THE RESERVE TO THE PARTY OF THE PART	8/26/201	9		
YOUR ADDRESS 12332 MONROE ST.					
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 than complete the rest of this form. If you answered	yourself: Yes	No next questions.)		
Name, address and telephone number of ea	ch 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 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 is form.	No		
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AGENDA ITEM NO. /O SUB	JECT/ADDRESS/TOPIC	pus Zonin				
YOUR NAME Steve Johnson DATE 8/26/19						
YOUR ADDRESS 3062 Bos Share Dr						
Please check the appropriate boxes:						
 Z Support □	l Oppose 🗆	Neither Support Nor Oppose				
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)				
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak				
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions				
At this meeting are you representing an (If you answered "no," STOP; you need not co Name, address and telephone number of each	implete the rest of this form. If you answered	"yes," go on to the next questions.)				
Are you being paid for your representation?		☐ Yes ☐ No				
Are you appearing as part of your other paid 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 bo (If you answered "yes" to the question, STOP. that you must sign this form. If you answered "yes"	dy? You need not complete the rest of this form	except Yes No				
If you are being paid for your representation, or	r if your appearance is part of other paid dut	ies, please be advised that:				
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Date 8/26/19 Si	gnature the lef					

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AGENDA ITEM NO. / SU	BJECT/ADDRESS/TOPIC Supp	ort Keg	ui reme	pus tradestrate	
YOUR NAME Phillip Ed	DATE	useli	19	pus tudistrion	
YOUR ADDRESS 2438 Com	nonwealth Av.	0/20/		distric	
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 no	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	lable 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 answere	yourself: ed "yes," go	Yes on to the ne	No xt 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	
				41.10.70.70.70.	
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 state of	this form.	☐ Yes	□ No	
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AGENDA ITEM NO. 10 SU		out Require	chent of Condition
YOUR NAME Jude Edmo	nds DAT	E 8/26/19	pus-institutional
YOUR ADDRESS 2438 Co	mmonwealth Ave		
Please check the appropriate boxes:			
Support	□ Oppose	☐ Neither Suppo	rt 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	answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answe	ered "yes," go on to th	ne next questions.)
Are you being paid for your representation?		☐ Ye	s Yvo
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	f this form.	s No
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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 (cale rs of the calendar year	ndar six months), the
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Date	Signature		

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AGENDA ITEM NO. O SUBJECT/ADDRESS/TOPIC CT Zoning					
YOUR NAME BARB SANFORD DATE 8/26/19					
YOUR ADDRESS 1211 6ARFIEL	DST	1		The state of the s	
Please check the appropriate boxes:					
Support	☐ Oppose	☐ Neither S	upport N	or Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limi	it) 🗆 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 quest	tions 🗖 Availa	able to an	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	answered "yes," go	Yes on to the ne	XNo xt questions.)	
-					
Are you being paid for your representation?			☐ Yes	□ No	
Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization s, STOP. You need not complete the	n? rest of this form.	☐ Yes	□ No	
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Date8/26/19	Signature <u>Barbara San</u>	ford			

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AGENDA ITEM NO. / O SU	BJECT/ADDRESS/TOPIC	I ZONIM			
YOUR NAME DONMIN	CANFORD DATE	8:26.19			
YOUR ADDRESS Z (-	ARFIELD ST	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 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	d "yes," go on to the ne	No 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 (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	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	body? P. You need not complete the rest of this form	☐ Yes except	□ No		
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AGENDA ITEM NO. 10 SUI	BJECT/ADDRESS/TOPIC <u>TE 次</u> 7			A CONTRACTOR OF THE CONTRACTOR		
YOUR NAME FRASER GURD DATE 8-26-2019						
YOUR ADDRESS 1526 JERFERSON ST.						
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	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 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 answere	d "yes," go o	Yes on to the ne.	□ No xt questions.)		
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	REGISTRATION FORM	LEGISTAN #5698
AGENDA ITEM NO. 7 10 SU	JBJECT/ADDRESS/TOPIC #しつ	EN EVEN'S TEXT
YOUR NAME ERIC	RRODS/CY , DATE	8/26/19
YOUR ADDRESS 1119	MABAN Hill	MATESON, WI
Please check the appropriate boxes:		53711
DSupport	□ 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
	an organization or a person other than complete the rest of this form. If you answere	
Name, address and telephone number of e	ach person or organization you are repres	enting:
Are you being paid for your representation?		☐ Yes
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 t	his form.
for your municipality or other governmental (If you answered "yes" to the question, STO	is appearing solely on behalf of your office of body? P. You need not complete the rest of this form If "no" to the question, go on to the next quest	Yes Ano
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AGENDA ITEM NO/O SUI	BJECT/ADDRESS/TOPIC Alles	EVER'S TEXT	amendment		
YOUR NAME M. Sould Sta	te DATE	8-26-19			
YOUR ADDRESS 810 Doos	JROS St Madison a	JI 537//			
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	o 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 o	complete the rest of this form. If you answer	ed "yes," go on to the i	⊠No next questions.)		
Name, address and telephone number of ea	ch person or organization you are repres	senting:			
Are you being paid for your representation?		☐ Yes	MNO		
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	☐ Yes this form.	□ No		
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AGENDA ITEM NO. O SUBJECT/ADDRESS/TOPIC Legistar File #56981					
YOUR NAME Sue Stat2 DATE 8/36/19					
YOUR ADDRESS 810 L	Joodrow St., N	ladis	00		
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 no	ot wish to	speak	
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Date 8 He 19 Signature Sue A. Stats					

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	BJECT/ADDRESS/TOPIC Alber (Everé tex	tammendut 5		
	EST DATE	26 AUG	2019		
YOUR ADDRESS 2310 MO	proe St Madiso	· WI	53711		
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 a Name address and telephone number of second	complete the rest of this form. If you answere	d "yes," go on to the			
Name, address and telephone number of ea	ich 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 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 the	☐ Yes	□ No		
Are you an elected official or employee who for your municipality or other governmental by (If you answered "yes" to the question, STOR that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	☐ Yes	□ No		
If you are being paid for your representation,	or if your appearance is part of other paid dut	ties, please be advise	ed that:		
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an author	ization with the City	Clerk.		
2. 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 principal must file expense statements with 	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of	orting period (calend) of the calendar year.	dar six months), the		
(Please go to the City Clerk's website www.co County Building, Madison, for more informat		ne Clerk's Office at I	Room 103 of the City-		
Date	Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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		Prian n			
YOUR NAME SO AHREAS DATE YOUR ADDRESS 1910 JEFFERSON STREET MAN	8/26/19				
YOUR ADDRESS 1910 JEFFERSON STREET MAN	isan, al	53711			
Please check the appropriate boxes:					
⊠ Support □ Oppose □ Neither	Support No	or Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	h to speak (3	min. limit)			
Do not wish to speak Do not wish to speak Do no	not wish to sp	eak			
☑ Available to answer questions ☐ Available to answer questions ☐ Ava	ilable to ansv	ver questions			
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:					
Are you being paid for your representation?	☐ Yes	Ď, 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 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 8/26/19 Signature Ecle					

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AGENDA ITEM NO. 10 S	UBJECT/ADDRESS/TOPIC	Amen	1 ment to	CI Forn
YOUR NAME JOAN NO	gent	DATE	Aug.	26 2019
YOUR ADDRESS 5	Silas Ave	MADI.	8000	
Please check the appropriate boxes:				
Support	□ Oppose	□ Ne	ither Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. li	mit)	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 que	estions \square	Available to an	swer questions
At this meeting are you representing (If you answered "no," STOP; you need no Name, address and telephone number of	t complete the rest of this form. If y	ou answered "y	es," go on to the ne	240 ext questions.)
Are you being paid for your representation?			☐ Yes	□ No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	d duties for this person or organizations, STOP. You need not complete t	ion? The rest of this fo	Yes Orm.	□ No
Are you an elected official or employee who for your municipality or other governmenta (If you answered "yes" to the question, STO that you must sign this form. If you answere	l body? OP. You need not complete the rest	of this form exc	☐ Yes ept	□ No
If you are being paid for your representation	n, or if your appearance is part of ot	her paid duties,	please be advised t	hat:
1. Before you engage in lobbying as a lob	byist, you or your principal must fi	le an authorizati	on with the City Cl	erk.
2. Your principal is not permitted to author				
If your principal spends or will owe more principal must file expense statements.	ore than \$1,000 for lobbying service with the City Clerk for the remaining	es in any reporting quarters of the	ng period (calendar e calendar year.	six months), the
(Please go to the City Clerk's website www. County Building, Madison, for more inform	cityofmadison.com/clerk/index.htm ation.)	or go to the C	lerk's Office at Roo	m 103 of the City-
Date ang 26 2019	Signature Dan	Vuc	ent	

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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC	1 1		
YOUR NAME Tim othy	Johnson DATE	8/26/19		
YOUR ADDRESS 2264	Monroe St.			
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	an organization or a person other tha complete the rest of this form. If you answe	n yourself:	No next(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 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	luties, please be advised	that:	
Before you engage in lobbying as a lobb	yist, you or your principal must file an auth	orization with the City (Clerk.	
	rize you to lobby unless the principal is regi			
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Date	Signature			

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AGENDA ITEM NO/ÛSU	BJECT/ADDRESS/TOPICCamp	45 lns	+Zon.	'ng
YOUR NAME Gary Ste	bnit2 DATE	8/26	1201	95
YOUR ADDRESS				
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	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	nn organization or a person other than complete the rest of this form. If you answere	yourself: ed "yes," go o	Yes n to the ne:	☑ No xt 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 (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 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	except	☐ Yes	No
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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC <u>Legis</u>	tan File #5	6981 text amenuna		
YOUR NAME Marie Tre	S+ DATE_	8-26-19			
YOUR ADDRESS 2310	Monroe St Madison	W\ 537			
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		
(If you answered "no," STOP; you need not	an organization or a person other than y complete the rest of this form. If you answered ach person or organization you are represent	"yes," go on to the ne	XNo xt questions.)		
Are you being paid for your representation?		☐ Yes	□ No		
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? ss, STOP. You need not complete the rest of thi	Yes Yes	□ No		
for your municipality or other governmental (If you answered "yes" to the question, STO	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form of the complete the rest of this form of the next question, go on to the next question.	☐ Yes	□ No		
If you are being paid for your representation,	or if your appearance is part of other paid duti	es, please be advised th	nat:		
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Date	Signature				

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AGENDA ITEM NO S	UBJECT/ADDRESS/TOPIC <u>text</u>	amend ment o	SCI ordinar	
YOUR NAME Edwin S	olber DATE	8/26/19		
YOUR ADDRESS 2318	West Lawn Ave;	Modison	WISH	
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 (If you answered "no," STOP; you need no	an organization or a person other than to complete the rest of this form. If you answere	yourself: Yes ed "yes," go on to the nex	No et questions.)	
Name, address and telephone number of	each person or organization you are repres	enting:		
Are you being paid for your representation?		☐ Yes	☑ No	
Are you appearing as part of your other pai- (If you answered "no" to both these questic If you answered "yes," please continue.)	d duties for this person or organization? ons, STOP. You need not complete the rest of the	his form.	₩ No	
for your municipality or other governmenta (If you answered "ves" to the question, ST	o is appearing solely on behalf of your office of loody? OP. You need not complete the rest of this form and "no" to the question, go on to the next quest	Yes a except	No	
If you are being paid for your representation	n, or if your appearance is part of other paid du	ities, please be advised th	at:	
 Your principal is not permitted to authors. If your principal spends or will owe me 	obyist, you or your principal must file an author prize you to lobby unless the principal is regist ore than \$1,000 for lobbying services in any re- with the City Clerk for the remaining quarters	ered with the City Clerk.		
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AGENDA ITEM NO. 10	SUBJECT/ADDRESS/TOPIC <u>text</u>		o CI ovalinani
YOUR NAME <u>Catherine</u>	Jagoe DATE	8/26/2019	
YOUR ADDRESS 2318 W.	Lawn tve, Madison V	VI 53711	
Please check the appropriate boxes	u		
☐ Support	□ Oppose □	Neither Support N	lor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak ((3 min. limit)
☑ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak
☐ Available to answer question	ns Available to answer questions	☐ Available to an	swer questions
(If you answered "no," STOP; you need	ng an organization or a person other than not complete the rest of this form. If you answer	ed "yes," go on to the ne	₩No xt questions.)
Name, address and telephone number of	of each person or organization you are repre	senting:	1515113
Are you being paid for your representation	n?	☐ Yes	'⊠'No
Are you appearing as part of your other p (If you answered "no" to both these ques If you answered "yes," please continue.)	aid duties for this person or organization? tions, STOP. You need not complete the rest of	☐ Yes this form.	∆ No
for your municipality or other government (If you answered "yes" to the question. S	who is appearing solely on behalf of your office tal body? TOP. You need not complete the rest of this for ered "no" to the question, go on to the next que	☐ Yes m except	Nο
If you are being paid for your representat	ion, or if your appearance is part of other paid of	luties, please be advised t	hat:
Before you engage in lobbying as a l	obbyist, you or your principal must file an auth	orization with the City Cl	erk.
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(Please go to the City Clerk's website www County Building, Madison, for more info	rw.cityofmadison.com/clerk/index.html or go to		m 103 of the City-
Date 8 26 2019	Signature Catherine Ja	rgoe	

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PLAN COMMISSION REGISTRATION FORM SUBJECT/ADDRESS/TOPIC AGENDA ITEM NO YOUR NAME DATE YOUR ADDRESS Please check the appropriate boxes: Oppose ☐ Neither Support Nor 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 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: 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 ☐ 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. (Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

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

Signature

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	A 1	L	1 1 1		
4 4 11 1	BJECT/ADDRESS/TOPIC /4/0	er Evers AM	enamen		
YOUR NAME Mary Clare	Murphy DAT	E 8/26/19			
YOUR ADDRESS 1910 Je	Herson				
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 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 the complete the rest of this form. If you answ	an yourself: \(\sigma\) Yes pered "yes," go on to the	next questions.)		
Name, address and telephone number of ea			***************************************		
2 00 V V V V V V V V V V V V V V V V V V		1/4-16	W-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	☐ Yes of 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, STOP that you must sign this form. If you answered	ody? ?. 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	I that:		
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DateS	Signature				

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	AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 200 Sules to the west
	YOUR NAME JOHN WOLF + Suson Wolf DATE MUE 26, 2019
	YOUR ADDRESS 1921 MADISON ST, MADISON, WE 53711
ķ	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
	☐ 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?
	The you doing 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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i	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 8/26/19 Signature whele of the will see an W. W.

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AGENDA ITEM NO. VO SU	BJECT/ADDRESS/TOPICALLE			mendment	
YOUR NAME SCOTT SE	POOLMAN DATE_	8/24	19		
YOUR ADDRESS 2317 WES	- LAWN LUE. MADI	Sosi	537	((
Please check the appropriate boxes:					
☑ Support	☐ Oppose ☐ I	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)	
To 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 an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:					
Are you being paid for your representation?			☐ Yes	□ No	
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)					
for your municipality or other governmental language (If you answered "yes" to the question, STO	is appearing solely on behalf of your office or oody? P. You need not complete the rest of this form of "no" to the question, go on to the next question.	except	☐ Yes	□ No	
If you are being paid for your representation,	or if your appearance is part of other paid duti	ies, please b	e advised tl	nat:	
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AGENDA ITEM NO. / SU	BJECT/ADDRESS/TOPIC CAMPL	S INSTITUTION	IAC ZENDE		
YOUR NAME MURIEL KRONE DATE 8-36-2019					
YOUR ADDRESS 615 S SPOONER ST., MADISON, W)					
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	complete the rest of this form. If you answere	ed "yes," go on to the ne	No ext questions.)		
Name, address and telephone number of ea	ach person or organization you are repres	enting:			
		THE CONTRACTOR			
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 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 Marul O. Kon					

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. /O SU	BJECT/ADDRESS/TOPIC	7 AMENDMEN	LEGISTAR 56981
YOUR NAME BRADLEY	R BOYCE DATE	E 26 Aug 201	9
YOUR ADDRESS 938 Week	DROW ST, MADISONS	37//	
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 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 a	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 answe	ered "yes," go on to the	No next questions.)
Name, address and telephone number of e	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? ss, STOP. You need not complete the rest of	☐ Yes fthis form.	□ No
Are you an elected official or employee who for your municipality or other governmental (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
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised	d that:
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(Please go to the City Clerk's website www.c County Building, Madison, for more informa		o the Clerk's Office at R	oom 103 of the City-
Date	Signature		

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AGENDA ITEM NO. SU	JBJECT/ADDRESS/TOPIC			
YOUR NAME DAWK	YOUR NAME DAWK ANDERSON DATE			
YOUR ADDRESS /521	VILAS AND MADE	SOM, WIS	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 questions	☐ Available to ar	nswer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not			No ext questions.)	
Name, address and telephone number of ea		16.5 A 15.7 A		
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	f this form.	⊠ No	
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOR that you must sign this form. If you answered	body? P. You need not complete the rest of this for	☐ Yes	No No	
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Date 8/16/19 Signature Hely/ Confessor				

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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC	I Acampul.	and in the	
YOUR NAME Die Sa	DATE	8/26/	2019	
YOUR ADDRESS 507 L	econand St.	***		
Please check the appropriate boxes:				
⊠ Support	□ Oppose □	Neither Supp	ort 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 wi	sh 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 answere	yourself: \(\sigma\) \(\sigma\) yes," go on to	(es DNo 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?		- 5	res 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 (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	n except	Yes 🗓 No	
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Date 8/2c/2019 Signature				

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AGENDA ITEM NO. /O SU	BJECT/ADDRESS/TOPIC Alder	· Evers Tex	t Amendment	
YOUR NAME Gail Mar	tinelli DATE	8/26/201	9	
YOUR NAME Gail Man YOUR ADDRESS 2317 V	Vest Lawn Ave Me	adi son u	11 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 a	nswer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	d "yes," go on to the r	No next questions.)	
Are you being paid for your representation?		☐ Yes	No	
Are you appearing as part of your other paid of (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of the	☐ Yes his form.	⊠ No	
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	☐ Yes except	No	
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised	that:	
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Date	Signature			

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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC AMENDING CI DISTRICT OF DEN ALICE				
YOUR NAME JAMES SCHEY DATE 8-26-19				
YOUR ADDRESS 878 WOOD ADD ST, MADISON, WI 5371				
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. lim	it)
Do not wish to speak	☐ Do not wish to speak	☐ Do not v	vish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Availabl	e to answer ques	tions
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?			Yes No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization? s, STOP. You need not complete the rest of the		Yes D'No	
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Date 8-26-19	Signature Shus A Chen			

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AGENDA ITEM NO. 5698 SU	BJEÇT/ADDRESS/TOPIC A	les Evers	lext/munar	
YOUR NAME Shawn	Schu DAT	B 8/26/19		
YOUR ADDRESS 878	Voodrow ST M	adison' U	UI 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 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.)	
Name, address and telephone number of ea	ich 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 o	f this form.	□ No	
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	rm except	□ No	
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised	I that:	
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Date	Signature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 字10 SU	BJECT/ADDRESS/TOPIC			
YOUR NAME YARL GEN	DATE_	8/26	119	
YOUR ADDRESS & O WOO	SPROW STREET, MKDIS	50N 5	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	o 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	☐ Availa	ble 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 answered	d "yes," go o	Yes n to the ne.	No xt questions.)
Name, address and telephone number of ea	ich 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? s, STOP. You need not complete the rest of th		☐ Yes	☑ 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	ĽľNo
If you are being paid for your representation,	or if your appearance is part of other paid dut	ties, please be	advised th	nat:
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Date 2/26/19	Signature Mul C			

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 SU	BJECT/ADDRESS/TOPIC	5698)		
YOUR NAME Lea Jacobs DATE 26 Avgvet 2019				
YOUR ADDRESS 1624 Medison St Madison 5371)				
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 an	nswer 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 answ	ered "yes," go on to the n	No ext questions.)	
Name, address and telephone number of ea	ich person or organization you are repr	esenting:		
Are you being paid for your representation?		☐ Yes	□ No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	☐ Yes of 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, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	☐ Yes	□ No	
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised	that:	
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an aut	horization with the City C	lerk.	
2. Your principal is not permitted to authori				
If your principal spends or will owe more principal must file expense statements with the principal must file expense statements.	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarte	reporting period (calendar ers of the calendar year.	six months), the	
(Please go to the City Clerk's website www.cl County Building, Madison, for more informated Date	ityofmadison.com/clerk/index.html or go to ion.) Signature Ca MAS	o the Clerk's Office at Roo	om 103 of the City-	

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AGENDA ITEM NO. # 10 SUI	BJECT/ADDRESS/TOPIC ALAC	- EVERY, TE	xT 56981	
YOUR NAME FREDDE	Adolson DATE	8/26/2019	7	
YOUR ADDRESS 1119	WARAY Hill 1	MAPIEN	us -	
Please check the appropriate boxes:				
2 Support	□ Oppose □	Neither Support N	or Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☑ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	ed "yes," go on to the ne	□ No xt questions.)	
Are you being paid for your representation?		☐ Yes	1 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 t	☐ Yes this form.	₽ No	
Are you an elected official or employee who for your municipality or other governmental by (If you answered "yes" to the question, STOR that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	☐ Yes m except	1 No	
If you are being paid for your representation,	or if your appearance is part of other paid d	uties, please be advised th	nat:	
1. Before you engage in lobbying as a lobby	yist, you or your principal must file an autho	orization with the City Cle	erk.	
7 7 7	ize you to lobby unless the principal is regis			
If your principal spends or will owe more principal must file expense statements with the statements will be a statement of the statement	e than \$1,000 for lobbying services in any re ith the City Clerk for the remaining quarters	eporting period (calendar s of the calendar year.	six months), the	
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 8/20/9	Signature Fredd; Aduly	77		

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1	M	1 4 1 6 2
AGENDA ITEM NO. JUSU	BJECT/ADDRESS/TOPIC /- M	endrum, 11 ampre Loni
YOUR NAME James Er	len born DATE	8/28/19
YOUR ADDRESS 23/6 L	Vert Lowar	
Please check the appropriate boxes:		Marshig United To 1
Support	☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of		
Name, address and telephone number of ea	ch person or organization you are repre	senting:
Are you being paid for your representation?		☐ Yes 戶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? is, STOP. You need not complete the rest of	This form.
Are you an elected official or employee who i for your municipality or other governmental be (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	™ except Yes \\Dans \\No
If you are being paid for your representation,	or if your appearance is part of other paid	luties, please be advised that:
Your principal is not permitted to authori If your principal spends or will owe more principal must file expense statements wi	th the City Clerk for the remaining quarter	stered with the City Clerk. eporting period (calendar six months), the s of the calendar year.
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	tvofmadison con/clerk/index html or golto ion.)	the Glerk's Office at Room 103 of the City-
Date 9/26/9 8	Signature / C / X	No.

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AGENDA ITEM NOSU.		ndment-	to (amprs	
YOUR NAME Barbara Erlenborn DATE 8 26-19				
YOUR ADDRESS 2316 West Lawn Ave				
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 o			□ No ext questions.)	
Name, address and telephone number of ea	ch person or organization you are represe	enting:		
Are you being paid for your representation?		☐ Yes	→ ©∘	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)		Yes in Yes		
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 form	☐ Yes except	7	
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised	that:	
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AGENDA ITEM NO. 16 SU				brems to
YOUR NAME Maria K	attirde DATE	8/26	0/19	
YOUR ADDRESS 838 Woodrowst, Madison, W1 5371)				
Please check the appropriate boxes:				
② 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 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 an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?			☐ Yes	□ No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization? s, STOP. You need not complete the rest of th	is form.	☐ Yes	□ 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	except	☐ Yes	□ No
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Date 5	Signature			- <u>-</u>

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AGENDA ITEM NO. <u>LO</u> SU	BJECT/ADDRESS/TOPIC			
YOUR NAME BON BACK	WSTOK DATE	8/26/20	19	
YOUR ADDRESS 624	MADISON ST, MADISON	Wr 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 an	nswer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not			No ext questions.)	
Name, address and telephone number of ea	ach person or organization you are represe	enting:		
Are you being paid for your representation?		☐ Yes	□ No	
	1.4.0.11			
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 form	☐ Yes except	□ No	
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Date 8 (46/15	Signature BUZulu			

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	BJECT/ADDRESS/TOPIC *		N AME	
YOUR NAME ARNOLD AL	ANEN DATE	8-76	0-206	9
YOUR ADDRESS 1910 W.L	-AWN AUE.	*		
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 of	an organization or a person other than complete the rest of this form. If you answere	yourself: od "yes," go	Yes on to the ne	MNo ext questions.)
Name, address and telephone number of ea				
A			☐ Yes	₩-No
Are you being paid for your representation?				M No
Are you appearing as part of your other paid of (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of the	his form.	☐ Yes	№ 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	n except	☐ Yes	₩ No
If you are being paid for your representation,	or if your appearance is part of other paid du	ities, please	be advised t	hat:
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AGENDA ITEM NO. 1 SUBJECT/ADDRESS/TOPIC EVOLUMENTAL MUNICIPAL SUBJECT/ADDRESS/TOPIC			
YOUR NAME LYNN BJORKMAN DATE AUG 26, 299			
YOUR ADDRESS 1910 W LAWK AUE			
Please check the appropriate boxes:			
Support			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)			
Do not wish to speak Do not wish to speak Do not wish to speak			
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions			
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.)			
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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-			
Date My 26, 2019 Signature Sym My Man			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 10 SU	JBJECT/ADDRESS/TOPIC			
YOUR NAME TED TH	IEME DAT	ге <i>2</i> (6 AU	619
YOUR ADDRESS 2121	ADAMS ST.			
Please check the appropriate boxes:				
☑ Support	□ Oppose	□ Neither S	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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	s □ Avail	able 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 the complete the rest of this form. If you answ	nan yourself: vered "yes," go	Yes on to the ne	□ No ext 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 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>26Av6 19</u>	Signature 5000			

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC MM W TOWN				
YOUR NAME JOFF FORD DATE 8/26/19				
YOUR ADDRESS 2015 ADAM 5 St.				
Please check the appropriate boxes:				
☐ Support ☐ Oppose ☐ Neither Support Nor Oppose				
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)				
□ Do not wish to speak □ Do not wish to speak □ Do not wish to speak				
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions				
At this meeting are you representing an organization or a person other than yourself: Yes No				
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:				
A STATE OF THE STA				
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPICA/OLEVEYS				
YOUR NAME Ann Clark DATE 8/26/19				
YOUR ADDRESS 2525 G	regory St.	, , , ,		
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 ered "yes," go on to the next questions.)		
Name, address and telephone number of ea				
Are you being paid for your representation?		D.V. Nav		
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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	BJECT/ADDRESS/TOPIC Taga	Evers CIpr	oposal	
YOUR NAME ALLEN	CLARK DAY	E 08/26 (1	90	
YOUR ADDRESS				
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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answe	ered "yes," go on to the ne	No ext questions.)	
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AGENDA ITEM NO. 10 SU	BJECT/ADDRESS/TOPIC Rep	EVES to	get Am	endment
YOUR NAME Paul Guil	bault DAT	TE 3-24-	-19	
YOUR ADDRESS 877 Terry	PLACE MADISON	WI 537	11	
Please check the appropriate boxes:				
⊠ Support	□ Oppose	☐ Neither S	upport N	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 no	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	Availa	ible to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	an organization or a person other the complete the rest of this form. If you answ	nan yourself: vered "yes," go o	Yes	□ No xt questions.)
Name, address and telephone number of ea		TOTAL CONTRACTOR ATTRIBUTE		en e
	STATE OF THE STATE			**
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.	☐ Yes	⊠ No
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 f	form except	☐ Yes	No No
If you are being paid for your representation,	or if your appearance is part of other paid	d duties, please be	e advised th	nat:
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If your principal spends or will owe more principal must file expense statements with the statements with the statements of the statements with the statements with the statement of the sta	e than \$1,000 for lobbying services in any ith the City Clerk for the remaining quarte	reporting perioders of the calenda	l (calendar ar year.	six months), the
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC DOWN G			
YOUR NAME KIBN LEWIJ DATE			
YOUR ADDRESS 1223 SUEMI ROOGE WE VERSING WI			
Please check the appropriate boxes:			
☑ Support ☐ Oppose ☐ Neither Support Nor Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak			
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions			
At this meeting are you representing an organization or a person other than yourself: Yes \(\sigma\) 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.)			
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC MC	aster Plan	
YOUR NAME John Nice	DATE	8/26/19	MIR NEUE
YOUR ADDRESS 1901 Co	mmonwealth Are		
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	an organization or a person other than	n yourself: 🛚 Yes	No
(If you answered "no," STOP; you need not Name, address and telephone number of ea			ext questions.)
	Ten person or organization you are repres		
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	☐ Yes this form.	⊠ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this fort	☐ Yes	∕∕ No
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AGENDA ITEM NO. O SU	BJECT/ADDRESS/TOPIC _	Support &	POORT?	Amending zoning	
	rfee	DATE 8/26	119	distr	
YOUR ADDRESS 848 W	oodrow St				
Please check the appropriate boxes:					
☑ Support	□ Oppose	☐ Neither	Suppor	rt Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	nit) 🗆 Wish	to spea	ak (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 ques	stions	lable 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 yo	u answered "yes," go	Yes	No next questions.)	
Name, address and telephone number of ea	ich person or organization you a	re representing:			
Are you being paid for your representation?			☐ Yes	≥ No	
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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO.5698 SU	BJECT/ADDRESS/TOPIC Amen	ds Zonin	5 Coole	
YOUR NAME Lyschel Bers		8/26/19		
YOUR ADDRESS 413 Grav	of Ave Madison W.	I 53705		
Please check the appropriate boxes:				
Support 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 of	n organization or a person other than complete the rest of this form. If you answered	yourself: \square Yes d "yes," go on to the ne	No xt 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 duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? • You need not complete the rest of this form	☐ Yes except	₽No	
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Date 4/26/19 8	Signature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. O SU	JBJECT/ADDRESS/TOPIC 10	a's Dropos	500		
YOUR NAME Chan The	mysm DAT	E AJ 26			
YOUR ADDRESS 2716	bregory	, 0			
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	an organization or a person other the complete the rest of this form. If you answ	an yourself: Yes ered "yes," go on to the n	No next questions.)		
Name, address and telephone number of e					
Are you being paid for your representation?		☐ Yes	₩o		
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.	⊠ 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 fo	☐ Yes	□ No		
If you are being paid for your representation,	If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.					
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.					
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.					
(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 Charles					
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AGENDA ITEM NO. D SU	BJECT/ADDRESS/TOPIC 5	6 981		
YOUR NAME Daryl K. Sherman DATE 26 Aug. 2019				
YOUR ADDRESS 3106 Gregory St Madien 53711				
Please check the appropriate boxes:				
∠⊠-Support [□ Oppose □ I	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 than you complete the rest of this form. If you answered	ourself: Yes	MNo ext questions)	
	ch person or organization you are represent		- questions,	
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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	ist, you or your principal must file an authoriza			
2. 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 principal must file expense statements wit 	than \$1,000 for lobbying services in any report the City Clerk for the remaining quarters of t	ting period (calendar : he calendar year.	six months), the	
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Date S	ignature			

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		ext amendru	we to clord	
YOUR NAME Draine Jes	leins D	ATE 8-20-	19	
YOUR ADDRESS 1802 m				
Please check the appropriate boxes:				
Support Support	□ Oppose	☐ Neither Sup	port Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit,	☐ Wish to s	peak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not w	ish to speak	
Available to answer questions	☐ Available to answer questi	ons 🗖 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 a	nswered "yes," go on to	Yes DNo o the next questions.)	
Name, address and telephone number of ea	ach 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.)				
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AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 56981 - AMEND SECT 28.097 (2) &6				
YOUR NAME MARC GARTLER DATE 8/26/19				
YOUR ADDRESS 820 WOODROW ST.				
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 \(\sigma\) No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)				
Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?				
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
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AGENDA ITEM NO. # (D) SUBJECT/ADDRESS/TOPIC Master Plan				
YOUR NAME SUSAN NICO DATE 8/26/19				
YOUR ADDRESS 1901 Commonwealth Are				
Please check the appropriate boxes:				
☐ Support [□ Oppose	☐ Neither Support Nor Oppo	se	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	ıit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak		
Available to answer questions	☐ Available to answer questions	☐ Available to answer ques	stions	
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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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