AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC 1/2 New Sta Nouna
YOUR NAME SUSAINED CORE DATE 8/26/19
YOUR ADDRESS 452 Va. Terr
Please check the appropriate boxes:
□ Support □ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
At this meeting are you representing an organization or a person other than yourself: \(\sigma\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)
Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)
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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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 8/24/19 Signature Sue Rose

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC	Spewood Master Pl	an
YOUR NAME Jennohr	1 /	TE 8/26/19	
YOUR ADDRESS 865 Te			
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	s 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	han yourself: Yes wered "yes," go on to the i	No next questions.)
Name, address and telephone number of ea	ach 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 (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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2. Your principal is not permitted to author			
If your principal spends or will owe more principal must file expense statements with the statements with the statements will be a statement of the statem	e than \$1,000 for lobbying services in any ith the City Clerk for the remaining quart	y reporting period (calenda ers of the calendar year.	r six months), the
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Date 8/26/19	Signature A		

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AGENDA ITEM NO. 14 SU	JBJECT/ADDRESS/TOPIC	FOOFWOOD MA	IN G CETTE
YOUR NAME JOHN HAWS	-	DATE 8. 16. 19	
YOUR ADDRESS		DATE_G 16-11	
Please check the appropriate boxes:		THE REST.	
	Oppose	□ Neither Sun	out New O
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim		oort Nor Oppose
☐ Do not wish to speak	Do not wish to speak	The second secon	beak (3 min. limit)
☐ Available to answer questions	The same of the sa	☐ Do not wi	
	☐ Available to answer ques		to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on the state of	complete the rest of this form. If you	answered "ves" go on to	res UNo
Name, address and telephone number of ea	ch person or organization you ar	e representing:	the next questions.)
Ara you bains said for			
Are you being paid for your representation?			es No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization, STOP. You need not complete the	n? Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	es No
Are you an elected official or employee who is for your municipality or other governmental be (If you answered "yes" to the question, STOP that you must sign this form. If you answered "	ody?	□ Y	es 🗹 No
If you are being paid for your representation, or			sed that:
1. Before you engage in lobbying as a lobbyi	ist, you or your principal must file a	in authorization with the Ci	ty Clark
2. Your principal is not permitted to authoriz	e you to lobby unless the principal	is registered with the City (Norls
5. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in the City Clerk for the remaining of	n any reporting period (cale quarters of the calendar year	ndar six months), the
(Please go to the City Clerk's website www.cit County Building, Madison, for more information	vofinadison com/olankin da hand	go to the Clerk's Office at	Room 103 of the City-
Date 8 16 19 Si	gnature /////	_	
PLAN COMMISS			

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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC		n Harris
YOUR NAME Janet L	aube DAT	E 8/26/1	9
YOUR ADDRESS 2025 J.	experson St. M	adusors W/	53711
Please check the appropriate boxes:	/(
□ Support	Oppose	☐ Neither Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other the complete the rest of this form. If you answe	an yourself: Yes ered "yes," go on to the ne	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	D-140
Are you appearing as part of your other paid of (If you answered "no" to both these questions. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	f this form.	₽No
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	☐ Yes	É No
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised the	nat:
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an auth	orization with the City Cl	erk.
	ze you to lobby unless the principal is regi		
 If your principal spends or will owe more principal must file expense statements wi 	than \$1,000 for lobbying services in any the the City Clerk for the remaining quarter	reporting period (calendar s of the calendar year.	six months), the
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Date 8/2 /19 8	Signature Sey Coule		

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14

AGENDA ITEM NO. 51,939 SU	BJECT/ADDRESS/TOPIC _ E	かんしゅう	MAST	ERPLAN
YOUR NAME NICOLE LEM	mon D	ATE 08/2	6/2	019
YOUR ADDRESS 3613	Gregory St		AV6 17=	
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither S	Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do no	t wish to	speak
☐ Available to answer questions	☐ Available to answer question	ons 🗖 Availa	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not				No xt questions.)
Name, address and telephone number of e	ach person or organization you are i	epresenting:		
Note: March 1988				
Are you being paid for your representation?			☐ Yes	No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? as, STOP. You need not complete the re	est of this form.	☐ 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	body? P. You need not complete the rest of th	is form except	☐ Yes	No
If you are being paid for your representation,	or if your appearance is part of other p	oaid duties, please b	e advised th	nat:
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2. Your principal is not permitted to author	manifest of the second		M-100-00 STATES	
 If your principal spends or will owe mor principal must file expense statements w 	e than \$1,000 for lobbying services in ith the City Clerk for the remaining qu	any reporting period arters of the calend	d (calendar ar year.	six months), the
(Please go to the City Clerk's website www.c County Building, Madison, for more information Date 26/26/2019	tityofmadison.com/clerk/index.html or tion.)	go to the Clerk's Og	fice at Roo	m 103 of the City-
	an some contracts			

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AGENDA ITEM NO. 51639 SUF	BJECT/ADDRESS/TOPIC No	Repeal or Chang	e/No Stadius
YOUR NAME J. Craig Thompson	DAT	E 8-26-19	
YOUR ADDRESS 311 Campbell 54.			
Please check the appropriate boxes:			
□ Support 🏃	Oppose No stadium	☐ 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 as (If you answered "no," STOP; you need not c	n organization or a person other the omplete the rest of this form. If you answ	an yourself:	☐ No ext questions.)
Name, address and telephone number of ea	ch person or organization you are repr	esenting:	
		☐ Yes	□ No
Are you being paid for your representation?			
Are you appearing as part of your other paid d (If you answered "no" to both these questions. If you answered "yes," please continue.)	uties for this person or organization? , STOP. You need not complete the rest of	☐ Yes of this form.	□ No
Are you an elected official or employee who is for your municipality or other governmental b (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
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If your principal spends or will owe more principal must file expense statements with the statements with the statements with the statements with the statement of the stat	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
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Date 8-26-19 S	Signature or Signature		

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REGISTRATION FORM. AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC YOUR NAME DATE YOUR ADDRESS 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: \(\simega\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing: ☐ Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? ☐ Yes (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.

PLAN COMMISSION

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☐ Yes

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Date 8/24/19

If you answered "yes," please continue.)

for your municipality or other governmental body?

Signature

Are you an elected official or employee who is appearing solely on behalf of your office or

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC		
YOUR NAME DAVID ZENTMER DATE 8/	26/20	19
YOUR ADDRESS 849 TERRY PLACE MADISON, WI	537	7/1
Please check the appropriate boxes:		
□ Support □ Oppose □ Neither S	Support N	or Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not	ot wish to	speak
☐ Available to answer questions ☐ Available to answer questions ☐ Avail	able to ans	swer questions
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go Name, address and telephone number of each person or organization you are representing:	☐ Yes on to the ne.	□ No xt questions.)
		DV
Are you being paid for your representation?	☐ Yes	⊠ No
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)	☐ Yes	⊠ No
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Tepeal	mæst	erplan
YOUR NAME David Leeper DATE 8-20	6-19	
YOUR ADDRESS 566 Terry Pl, Madison		
Please check the appropriate boxes:		
□ Support	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	ot wish to	speak
☐ Available to answer questions ☐ Available to answer questions ☐ Avail	able to ar	swer questions
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Name, address and telephone number of each person or organization you are representing:		
		*
Annual Leinaud Communitation?	☐ Yes	/Dľ.No
Are you being paid for your representation?	V_S	110
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)	☐ Yes	OS No
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Date 6-26-19 Signature Dowd Leeper		

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AGENDA ITEM NO. ZO SU	BJECT/ADDRESS/TOPIC ////	ister !	108 2
YOUR NAME Debi Lee	per DATE_	Augi	26,19
YOUR ADDRESS 860	TerryPlace Mac	disord, 1	NI 53711
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 sp	eak (3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wis	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 a			
Name, address and telephone number of ea	ch person or organization you are represen	nting:	
Are you being paid for your representation?		□ Y	es 4 No
Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of the	is form.	es La 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	except \square Y	es Ano
If you are being paid for your representation,	or if your appearance is part of other paid dut	ies, please be adv	rised that:
1. Before you engage in lobbying as a lobb	vist, you or your principal must file an authori	zation with the C	ity Clerk.
	ze you to lobby unless the principal is registe		
If your principal spends or will owe more principal must file expense statements w	e than \$1,000 for lobbying services in any repoint the City Clerk for the remaining quarters o	orting period (cal of the calendar yea	endar six months), the ar.
(Please go to the City Clerk's website www.c County Building, Madison, for more information		e Clerk's Office a	at Room 103 of the City-
() () () ()	Signature Ollo	Re	· -

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO/4SUBJ	ECT/ADDRESS/TOPIC_	MAP A	mmendure	nt-repe
YOUR NAME TOWARD 13	njant	DATE 8	126/201	9
YOUR ADDRESS 2254	Okujes Ave	Mac	dion	
Please check the appropriate boxes:	0			
□ Support 💆	Oppose	□ Neith	er Support Nor	Oppose
☐ Wish to speak (3 min. limit) ☐	Wish to speak (3 min. lin	nit) 🗆 W	ish to speak (3 m	in. limit)
☐ Do not wish to speak	Do not wish to speak	□ D	o not wish to spe	ak
☐ Available to answer questions ☐	Available to answer que	estions	vailable to answe	er questions
At this meeting are you representing an of (If you answered "no," STOP; you need not com	uplete the rest of this form. If yo	ou answered "yes,"		No uestions.)
Name, address and telephone number of each	person or organization you a	re representing:		
Are you being paid for your representation?			□ Yes (No
Are you appearing as part of your other paid duti (If you answered "no" to both these questions, S If you answered "yes," please continue.)	ies for this person or organization of the second complete to the se	on? he rest of this form	yes (No
Are you an elected official or employee who is a for your municipality or other governmental bod (If you answered "yes" to the question, STOP. Y that you must sign this form. If you answered "no	y? You need not complete the rest (of this form except		No No
If you are being paid for your representation, or i	if your appearance is part of ot	her paid duties, ple	ease be advised that:	
 Before you engage in lobbying as a lobbyist Your principal is not permitted to authorize If your principal spends or will owe more the principal must file expense statements with 	you to lobby unless the princip	oal is registered wit	th the City Clerk.	months), the
(Please go to the City Clerk's website www.cityo County Building, Madison, for more information Date 8/26/2019 Sig	nature Sway	or go to the Clerk	k's Office at Room 1	03 of the City-

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

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	REGISTRATION FORM	EACED GENOOD MASTER PLA
AGENDA ITEM NO. 14	SUBJECT/ADDRESS/TOPIC	
YOUR NAME JOHN) CHOSY DATE	8-26-19
YOUR ADDRESS 2254	KEYET ALE MADISON	W 53711
Please check the appropriate boxe	s:	
□ Support	Oppose	Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak
☐ Available to answer question	ons Available to answer questions	☐ Available to answer 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 next questions.)
Name, address and telephone number	of each person or organization you are repres	senting:
		2
Are you being paid for your representation	on?	☐ Yes ☐ No
Are you appearing as part of your other p (If you answered "no" to both these que. If you answered "yes," please continue.)	paid duties for this person or organization? stions, STOP. You need not complete the rest of	☐ Yes ☐ No this form.
for your municipality or other governme	who is appearing solely on behalf of your office ntal body? STOP. You need not complete the rest of this forwered "no" to the question, go on to the next ques	m except ☐ Yes ☐ No
If you are being paid for your representa	tion, or if your appearance is part of other paid d	uties, please be advised that:
	lobbyist, you or your principal must file an author	
	athorize you to lobby unless the principal is regis	AT THE RESERVE OF THE PERSON O
 If your principal spends or will owe principal must file expense statemer 	more than \$1,000 for lobbying services in any rents with the City Clerk for the remaining quarters	s of the calendar year.
(Please go to the City Clerk's website w County Building, Madison, for more info	ww.cityofmadison.com/clerk/index.html or go to ormation.)	the Clerk's Office at Room 103 of the City-
Date 8-26-19	_ Signature	7

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _ & BGE 4/000 5 2 (MWSTER
YOUR NAME SOE NEWMAN DATE 8/26(9.
YOUR ADDRESS 23 (3 W. LAWN HOE.
Please check the appropriate boxes:
□ Support □ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)
Do not wish to speak Do not wish to speak Do not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)
Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
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 S/26/19 Signature

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

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Moster Plan

AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC	Repeal	of Edgewood
YOUR NAME A STORE DATE 8/2	6/19	
YOUR ADDRESS 2313 West Lown Ave, Modison	, WI	5371
Please check the appropriate boxes:	/ Table 18	
□ Support □ Oppose □ Neithe	r Support	Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wi	ish 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 ☐ Av	ailable to ar	nswer questions
At this meeting are you representing an organization or a person other than yourse (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes,"	lf: 🛭 Yes go on to the n	No ext questions.)
Name, address and telephone number of each person or organization you are representing:		
Are you being paid for your representation?	☐ Yes	⊠ KNo
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, plea	se be advised	that:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization v	-	
 Your principal is not permitted to authorize you to lobby unless the principal is registered with If your principal spends or will owe more than \$1,000 for lobbying services in any reporting principal must file expense statements with the City Clerk for the remaining quarters of the call 	eriod (calenda	
(Please go to the City Clerk's website www.cityofmadison.com/glerk/index.html or go to the Clerk's website www.cityofmadison.com/glerk/index.html or website www.cityofmadison.com/glerk/index	s Office at Roo	om 103 of the City-
County Building, Madison, for more information.)		
Date 0 70 Signature POSOL 1		

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repuse of 1	lan			
YOUR NAME Allen CLARK DATE 9/26	/19			
YOUR ADDRESS 2525 GREGORY ST, MADISON				
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 ☐ 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.)		
Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?	☐ Yes	M-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 duties, please be advised that:				
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with	h the City Cl	erk.		
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the	e 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 <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 8/24/19 Signature Alm Welaw				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edge wood Muse	ster plan	1 Abardonment		
YOUR NAME Paul Gulbault DATE 3-76-19				
YOUR ADDRESS 877 Tory PIACE MADISON WI 5371.	1			
Please check the appropriate boxes:				
	Support N	or Oppose		
	100	3 min. limit)		
	ot wish to			
☐ Available to answer questions ☐ Available to answer questions ☐ Avail	able to ans	swer questions		
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	☐ Yes on to the ne.	☐ No xt questions.)		
Name, address and telephone number of each person or organization you are representing:				
		rtm		
Are you being paid for your representation?	☐ Yes	LAUNO		
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	DONO		
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 th	nat:		
Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with				
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			-01
AGENDA ITEM NO. 14 S	SUBJECT/ADDRESS/TOPIC <u>Oρροse</u>	Elgenood Repeal Mast	er Hai
YOUR NAME Rachel D	urfee DATE	8/26/19	
YOUR ADDRESS 848 W	Doodrow Street		
Please check the appropriate boxes:			
□ Support	Ø.Oppose □	☐ Neither Support Nor Oppos	se
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit	it)
☐ Do not wish to speak	☑ Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer question	s	☐ Available to answer quest	tions
	g an organization or a person other that ot complete the rest of this form. If you answer)
Name, address and telephone number of	f each person or organization you are repre	senting:	
Are you being paid for your representation	?	□ Yes 🎖 No	
Are you appearing as part of your other pa (If you answered "no" to both these questi If you answered "yes," please continue.)	id duties for this person or organization? cons, STOP. You need not complete the rest of	this form.	
for your municipality or other governments (If you answered "yes" to the question. ST	no is appearing solely on behalf of your office al body? "OP. You need not complete the rest of this for yed "no" to the question, go on to the next question.	☐ Yes 🞾 No m except	
If you are being paid for your representation	on, or if your appearance is part of other paid d	uties, please be advised that:	
1. Before you engage in lobbying as a lo	bbyist, you or your principal must file an author	orization with the City Clerk.	
2. Your principal is not permitted to auth	orize you to lobby unless the principal is regis	stered with the City Clerk.	
 If your principal spends or will owe m principal must file expense statements 	ore than \$1,000 for lobbying services in any rewith the City Clerk for the remaining quarters	eporting period (calendar six months), of the calendar year.	, the
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Date	Signature		

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14

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO.56839 SUI		8/26/19	nr	
YOUR NAME Lyschel Bers	och DATE	4/26/17		
YOUR ADDRESS 413 Grand	Ave			
Please check the appropriate boxes:				
□ Support	☑ Oppose □	Neither Support I	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)	
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answere	ed "yes," go on to the ne	☐ 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	No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of the	☐ Yes his form.	No No	
Are you an elected official or employee who is for your municipality or other governmental to (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 a except	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	yist, you or your principal must file an author	rization with the City C	lerk.	
	ize you to lobby unless the principal is registe			
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Date 4/20/19	Signature	and the second s		

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ACENDA ITEMNO 12/ CI	IDJECT/ADDDESS/TODIC	No 1/2, 2 51		Alactro Olan
	JBJECT/ADDRESS/TOPIC _	01-	adyun	Muster Plan
YOUR NAME John Nicol	0.10	DATE S	26/19	
YOUR ADDRESS 1901 COM	monwealth Are		* *	Displication of
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 (If you answered "no," STOP; you need not				No et questions.)
Name, address and telephone number of e	each person or organization you a	re representing:		
Are you being paid for your representation?		The state of the	☐ Yes	VINA
				A IVO
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 th	on? e rest of this form.	☐ Yes	№ио
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 o	f this form except	☐ Yes	No
If you are being paid for your representation,	, or if your appearance is part of oth	er paid duties, please	be advised th	at:
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2. Your principal is not permitted to author				
3. If your principal spends or will owe mor principal must file expense statements w	re than \$1,000 for lobbying services with the City Clerk for the remaining	in any reporting period quarters of the calendary	od (calendar s dar year.	six months), the
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 8 26 19	Signature / Jun 11	rel		
			_	

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 asset

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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Master plan			
YOUR NAME SUSUN NICOL DATE 8/26/19			
your address 1901 Commonwealth the			
Please check the appropriate boxes:			
□ Support □ Oppose □ Neither Support Nor Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak			
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions			
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)			
Name, address and telephone number of each person or organization you are representing:			
Are you being paid for your representation?			
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. 19 SUBJECT/ADDRESS/TOPIC Repail of CHMINS MAGINA PLAN
YOUR NAME MILE GOILLEL DATE 3/26/19
YOUR ADDRESS 2321 Leyes
Please check the appropriate boxes:
□ Support □ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
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AGENDA ITEM NO. 14 / SUBJECT/ADDRESS/TOPIC
YOUR NAME MICH USICK DATE AV9 26, 2019
YOUR ADDRESS & 36 Woodrow St
Please check the appropriate boxes: Edgewood Should Not be allow
□ Support □ Neither Support Nor Oppose →
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) √0/
☐ Do not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC	egistar File #	56839	
YOUR NAME Mary Lou	Nord DA	TE 8/26/2019		
YOUR ADDRESS 2332	Monroe St			
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 question	as	wer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of			No et questions.)	
Name, address and telephone number of ea	ich person or organization you are re	presenting:	20	
1		☐ Yes	no No	
Are you being paid for your representation?				
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 res	t 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	form except	□ No	
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3. If your principal spends or will owe more principal must file expense statements wi	e than \$1,000 for lobbying services in ar th the City Clerk for the remaining quar	ny reporting period (calendar s rters of the calendar year.	six months), the	
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Date 5	Signature			

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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC Edge	wood master plan	
YOUR NAME BARB SANFORD	DAT	E	
YOUR ADDRESS 1211 GARFIEL	D 5T		
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 of			No ext questions.)
Name, address and telephone number of ea	ch person or organization you are rep	resenting:	
V 			
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.	□ 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 rest of this fo	orm except	□ No
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		Edgewood	DASTEN PUBL
AGENDA ITEM NO. 19 SU	JBJECT/ADDRESS/TOPIC /7AP	ABOUNTEY.	T TO Repeal
YOUR NAME ERIC /	RODS14 DAT	E 8/26/1	g
YOUR ADDRESS 1/19	WABAN HIL	MAD SON	WI
Please check the appropriate boxes:			53711
□ Support	Oppose	☐ Neither Suppo	rt Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spe	ak (3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish	n to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to	answer questions
At this meeting are you representing (If you answered "no," STOP; you need not			
Name, address and telephone number of o	each person or organization you are repr	esenting:	
Are you being paid for your representation?		☐ Ye	s 🖳 No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		☐ Ye f this form.	s 🖢 No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? PP. You need not complete the rest of this fo	☐ Ye	s 6 No
If you are being paid for your representation	, or if your appearance is part of other paid	duties, please be advis	sed that:
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	rize you to lobby unless the principal is reg		
 If your principal spends or will owe mo principal must file expense statements v 	re than \$1,000 for lobbying services in any with the City Clerk for the remaining quarte	reporting period (cale ers of the calendar year	ndar six months), the
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Date 8/28/19	Signature / / /	u	1
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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Legistar File # 56839					
YOUR NAME Sue Statz DATE 8 (Die 19					
YOUR ADDRESS 80 W	Doodrow St., Ma	diso	~		
Please check the appropriate boxes:					
☐ Support	Oppose	Neither S	Support N	or Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak (3 min. limit)	
☐ Do not wish to speak	Do not wish to speak	☐ Do no	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to ans	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of				No xt questions.)	
Name, address and telephone number of ea	ch person or organization you are represe	nting:			
			70.0		
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AGENDA ITEM NO. /4 SU	JBJECT/ADDRESS/TOPIC Kegu	est to witholians !	Master Plan	
YOUR NAME Downey	M- Poland DAT	E 8/26/19	اعلانينون	
YOUR ADDRESS 2113 Adam	us Street			
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 (If you answered "no," STOP; you need not			ANo ext 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	
	duties for this person or organization?	☐ Yes	IZKNo	
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		e or	No	
(If you answered "yes" to the question, STO that you must sign this form. If you answered	P. You need not complete the rest of this fo	rm except	140	
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0/2010	Signature			

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AGENDA ITEM NO/ SU.	BJECT/ADDRESS/TOPIC	obword Master	in lan left
YOUR NAME FEFF FOR	DAT	E 8/26/19	V
YOUR ADDRESS 2015 7	HOAMS 88	· / /	
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 (.	min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of			□ No t questions.)
Name, address and telephone number of ea	ch person or organization you are repr	esenting:	
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Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? c, STOP. You need not complete the rest of	of this form.	□ No
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AGENDA ITEM NO. 19 SU	BJECT/ADDRESS/TOPIC	sty Plas		
YOUR NAME KAY CAPUIL	DAT	TE 9/26/19		
YOUR ADDRESS 2628 AM	loce DR \$407 Mordis	on jus 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 to speak (3	min. limit)	
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to sp	oeak	
☐ Available to answer questions	☐ Available to answer questions	s Available to answ	ver 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 answ	wered "yes," go on to the next	No questions.)	
Are you being paid for your representation?		☐ Yes	No	
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this j	form except	₩ 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	Signature My Manual			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Master Can
YOUR NAME MARCIA DIMOND DATE 8-26-19
YOUR ADDRESS 663 Grandall, Madison 53711
Please check the appropriate boxes:
□ Support □ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak
☐ 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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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 6-26-19 Signature Marcia C. Warner

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. 1901 4 SI	UBJECT/ADDRESS/TOPIC	Winner.	Dala Of Da	ewood Muster
711 -	_	Repares	Telegratery	e cour music
		DATÉ _ €	126/201	7
YOUR ADDRESS 2438 Com	monwealth HV.			
Please check the appropriate boxes:				
☐ Support	Oppose	□ Nei	ther Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	iit)	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 ques	stions 🗖	Available to ans	swer questions
At this meeting are you representing (If you answered "no," STOP; you need no.				No ext questions.)
Name, address and telephone number of	each person or organization you ar	e representing	;	
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	n? e rest of this for	☐ Yes	□ No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answere	body? OP. You need not complete the rest of	f this form exce		□ No
If you are being paid for your representation	, or if your appearance is part of other	er paid duties, p	olease be advised th	at:
1. Before you engage in lobbying as a lob	byist, you or your principal must file	an authorization	on with the City Cle	erk.
2. Your principal is not permitted to author			and the second s	
3. If your principal spends or will owe mo principal must file expense statements of	re than \$1,000 for lobbying services with the City Clerk for the remaining	in any reporting quarters of the	g period (calendar calendar year.	six months), the
(Please go to the City Clerk's website www. County Building, Madison, for more information	cityofmadison.com/clerk/index.html (ation.)	or go to the Cle	erk's Office at Root	n 103 of the City-
Date	Signature		AL LLAN	
	- 1000 (1000)			

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AGENDA ITEM NO. 14 SUI	BJECT/ADDRESS/TOPIC			
YOUR NAME _ INDE ELMONDS DATE 8 (26/19				
YOUR ADDRESS 2438 Com	monwealth Ave	1 1		
Please check the appropriate boxes:				
□ Support	₹ Oppose □	Neither S	upport l	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☑ Do not wish to speak	Do no	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	ble to an	swer questions
At this meeting are you representing as (If you answered "no," STOP; you need not c				KNo ext 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 d (If you answered "no" to both these questions If you answered "yes," please continue.)		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.
If you are being paid for your representation, or	or if your appearance is part of other paid dut	ies, please b	e advised t	hat:
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an author	ization with	the City Cl	erk.
	ze you to lobby unless the principal is registe		COOK OF THE BUILDINGS OF	
 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 of the calenda	l (calendar ar year.	six months), the
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Date S	ignature			



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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood	1d 155UE			
YOUR NAME MATTHOW TURNEY DATE 8-2	6-2019			
YOUR ADDRESS 890 Woodward St. MAdison	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	h to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do r	not wish to speak			
☐ Available to answer questions ☐ Available to answer questions ☐ Available	ilable to answer questions			
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go				
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.)				
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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting peri principal must file expense statements with the City Clerk for the remaining quarters of the calen	od (calendar six months), the dar 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 8-36-2019 Signature Murth /un				

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgence					
YOUR NAME Keberca Mary DATE 8-26-19					
YOUR ADDRESS 870 Wood of the State of S					
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:			
		D.**	*		
Are you being paid for your representation?					
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)					
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Date 4711 Signature Rule 4					

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC# 56839						
YOUR NAME Lea JOICOBS DATE 26 Aug 2019						
YOUR ADDRESS 1624 Male	lison St, Madizon W	53711				
Please check the appropriate boxes:						
□ Support	2 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 answer	red "yes," go on to the n	No ext questions.)			
Are you being paid for your representation?	Are you being paid for your representation?					
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Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO) that you must sign this form. If you answered	oody? P. You need not complete the rest of this for	☐ Yes	□ No			
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AGENDA ITEM NO. 14 SUI	BJECT/ADDRESS/TOPIC / 1941	8 MENDIEW	Edgewood
YOUR NAME Freddi	Hacksony DAT	E 8/26/249	Kejen
YOUR ADDRESS 1/19 U	ABAN Hill 1:	APISON, Wi	53711
Please check the appropriate boxes:			
☐ Support □	Doppose	☐ Neither Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not c			□ No ct questions.)
Name, address and telephone number of ea	ch 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 d (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization? STOP. You need not complete the rest of	f this form.	□ N₀
Are you an elected official or employee who is for your municipality or other governmental b (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, o	or if your appearance is part of other paid	duties, please be advised th	at:
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Date 8/26/2019 S	signature Freddi Ade	ls 17	
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AGENDA ITEM NO. 77 / SU	BJECT/ADDRESS/TOPIC //	epecal yes	/a lon
YOUR NAME James & r	en o DAT	£ 8/28/(0	7
YOUR ADDRESS			
Please check the appropriate boxes:			
□ Support	Oppose	☐ Neither Support	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other the complete the rest of this form. If you answ	an yourself: Yes	□ No next questions.)
Name, address and telephone number of ea			
			_
Are you being paid for your representation?		☐ Yes	M-No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	f this form.	No
Are you an elected official or employee who i for your municipality or other governmental b (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 fo	rm except	MNo.
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 If your principal spends or will owe more principal must file expense statements wi 	than \$1,000 for lobbying services in any the City Clerk for the remaining quarte	reporting period (calenda	r six months), the
(Please go to the City Clerk's website www.ci.	tvofmadisøn.gom/clerk/index.haml orleo to	Commence of the Commence of th	om 103 of the City-
Date SAL S	Signature		
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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC FDEELIZED MASTER PLAN		
YOUR NAME FRASER GURS DATE 8-26-2019		
YOUR ADDRESS 1520 TEFERSON ST., MADISON		
Please check the appropriate boxes:		
□ Support □ Neither Support Nor 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 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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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 <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 Signature		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 🙀 🗽 SUBJECT/ADDRESS/TOPIC
YOUR NAME BON BREWSTON DATE 8/26/2019
YOUR ADDRESS 1629 MADISON ST MADISON WI 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
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
At this meeting are you representing an organization or a person other than yourself: Yes You answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:
mane, address and telephone number of each person of 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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Date 8/16/19 Signature 13/13/14

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	0 01		11 11 00 00 010
	AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC PERCENT CO	gewo	pla
	YOUR NAME Susan + John Wolf DATE Augu	ust 26	,2019
Ì	YOUR ADDRESS 1921 Madison St. Madison W	I 53	7/1
ĺ	Please check the appropriate boxes:		
1	☐ Support ☐ Oppose ☐ Neither	Support I	Nor Oppose
1	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 an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go		№ No ext questions.)
	Name, address and telephone number of each person or organization you are representing:		***************************************
1			
		-	
(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
1	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 ti	nat:
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	2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the		
	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period principal must file expense statements with the City Clerk for the remaining quarters of the calendary.	od (calendar dar year.	six months), the
į	(Please go to the City Clerk's website www.citvofmadison.com/clerk/index.html or go to the Clerk's County Building, Madison, for more information.)	Office at Room	m 103 of the City-
+	Date 26 August, 2019 Signature Sman Walf John E	Vey.	h

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AGENDA ITEM NO. 14 SU	JBJECT/ADDRESS/TOPICRe	PEAL EDGE	Ewasus	MASTOR PINU
YOUR NAME JAMES SCHE	Y DAT	E_8-26	-19	
YOUR ADDRESS 878 WOOD	20W ST, MADISON, WI 5	57.)(
Please check the appropriate boxes:				
□ Support	☑ Oppose	☐ Neither S	upport]	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)			(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 ar	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 e	ach person or organization you are repro	esenting:		
	The same of the sa			
Are you being paid for your representation?			☐ Yes	Ø No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? as, STOP. You need not complete the rest of	this form.	☐ 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	body? P. You need not complete the rest of this for	m except	☐ Yes	₩ No
If you are being paid for your representation,	or if your appearance is part of other paid	luties, please be	advised t	hat:
Your principal is not permitted to authorIf your principal spends or will owe mor	yist, you or your principal must file an auth rize you to lobby unless the principal is regi than \$1,000 for lobbying services in any re rith the City Clerk for the remaining quarter	stered with the C	City Clerk	
(Please go to the City Clerk's website www.c County Building, Madison, for more informa	rityofmadison.com/clerk/index.html or go to tion.)	the Clerk's Offi	ice at Roo	m 103 of the City-
Date 8-20-19	Signature James Silvy	bij bij		

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Mosta Plia	Repol	De la
YOUR NAME Dies Sienz DATE 82	6/2014	
YOUR ADDRESS 507 Lconand St	1	
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	h to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do n	not wish to	speak
☐ Available to answer questions ☐ Available to answer questions ☐ Ava	ilable to ans	swer questions
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go		No ext questions.)
Name, address and telephone number of each person or organization you are representing:		
Are you being paid for your representation?	☐ Yes	A tNo
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 No
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the		
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Date 8 8/26/2019 Signature		

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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC		
YOUR NAME DAWK	HWDERSON DAT	E 8/26/1	9
YOUR ADDRESS / 521	VI/AS AW MA	DISON, cot:	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			ØNo.
(If you answered "no," STOP; you need not Name, address and telephone number of e		anne geren ger me memmere	ext questions.)
	ach person or organization you are repr	esenting.	
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.)		f 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	body? P. You need not complete the rest of this fo	rm except	D 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 lobb	yist, you or your principal must file an aut	norization with the City C	lerk.
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 If your principal spends or will owe mor principal must file expense statements w 	te than \$1,000 for lobbying services in any with the City Clerk for the remaining quarte	reporting period (calendar rs of the calendar year.	r six months), the
(Please go to the City Clerk's website www.c	cityofmadison com/clerk/index.html grgot	o the Cleyft's Office at Roo	om 103 of the City-
County Building, Madison, for more informa	X 10. 1 141	0/0100	
Date 0 / 06 / /	Signature Stuff W	1dans	

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AGENDA ITEM NO. 17 SU	JBJECT/ADDRESS/TOPIC _		
YOUR NAME So A	RESIS	DATE Slag	lec
YOUR ADDRESS (910 J	SFFERSON STREET		
Please check the appropriate boxes:			
□ Support	Oppose	☐ Neither Supp	oort Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim.	it) 🔲 Wish to sp	oeak (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 ques	tions	to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you	answered "yes," go on to	
Are you being paid for your representation?		<u> </u>	res St. No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization as, STOP. You need not complete the	rest of this form.	res 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 except	Yes Mo
If you are being paid for your representation,	, or if your appearance is part of other	r paid duties, please be adv	vised that:
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Date 8/26/19	Signature 2	Ren	<u> </u>

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AGENDA ITEM NO. 14	SUBJECT/ADDRESS/T	OPIC Re	peal Edgen	1-10
YOUR NAME JOAN	Nugent	DATE _	aug à	2019
YOUR ADDRESS 1521	v.las Arg	WAD 150	2 449 4	5371
Please check the appropriate boxe	es:			
□ 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 sp	peak	☐ Do not wish to	speak
☐ Available to answer question	ons	wer questions	☐ Available to ar	swer questions
At this meeting are you represent (If you answered "no," STOP; you need	ing an organization or a polynomial in the polynomial in the rest of this for the rest of the rest of this for the rest of the re	erson other than yorm. If you answered	yourself: Yes ''yes," go on to the n	ext questions.)
Name, address and telephone number	of each person or organization	on you are represen	iting:	
Are you being paid for your representati	on?		☐ Yes	□ No
Are you appearing as part of your other (If you answered "no" to both these que If you answered "yes," please continue.	stions, STOP, You need not co.	ganization? mplete the rest of thi	Yes s form.	□ No
Are you an elected official or employee for your municipality or other governme (If you answered "yes" to the question, that you must sign this form. If you answered	ntal body? STOP. You need not complete i	the rest of this form e	Pxcept Yes	□ No
If you are being paid for your representa	tion, or if your appearance is pa	art of other paid duti	es, please be advised t	hat:
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(Please go to the City Clerk's website w County Building, Madison, for more info	ww.cityofmadison.com/clerk/in rmation.)	dex.html or go to the	Clerk's Office at Roo	m 103 of the City-
Date Aug 26 2019	Signature	Bun hu	det.	
	(

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AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgwood Mask	er Plan
YOUR NAME FIONA MCTAVISH DATE 8/26/1	9
YOUR ADDRESS 2628 Arbor Dr #407	
Please check the appropriate boxes:	
□ Support	ort Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to sp	oeak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish	sh 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: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to	
Name, address and telephone number of each person or organization you are representing:	
Are you being paid for your representation?	'es 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.)	es 🖺-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.)	res V No
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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 (cal principal must file expense statements with the City Clerk for the remaining quarters of the calendar year	endar six months), the ar.
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office of County Building, Madison, for more information.) Date	nt Room 103 of the City-

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AGENDA ITEM NO. 12 SU	BJECT/ADDRESS/TOPIC	1	,	
YOUR NAME Timethy	ohnson DATE	8/2	6/19	
YOUR ADDRESS 2264 M	onroe St.			
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				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	□ 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	his form.	☐ Yes	□ 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	ody? P. You need not complete the rest of this form	except	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please	be advised tl	hat:
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	ze you to lobby unless the principal is registe			
 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	oorting perion of the calend	od (calendar dar year.	six months), the
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	tyofmadison.com/clerk/index.html or go to th ion.)	he Clerk's C	Office at Roo	m 103 of the City-
Date 5	Signature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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REGISTRATION FORM
AGENDA ITEM NO. 19 SUBJECT/ADDRESS/TOPIC NO NOW STANDIN
YOUR NAME Lie LASIC DATE 8/26/19
YOUR ADDRESS 452 Virginia Tenne 53726
Please check the appropriate boxes:
□ Support □ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
At this meeting are you representing an organization or a person other than yourself: \(\sigma\) 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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Date Signature

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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Marker	Dlan F	Lepeul	
YOUR NAME Diego Saenz DATE	26/2	819	
YOUR ADDRESS 507 Leonal St. Malison	-		
Please check the appropriate boxes:	er		
□ Support □ Oppose → Neither	Support I	Nor Oppose	
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	to speak	(3 min. limit)	
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do n	ot wish to	speak	
☐ Available to answer questions ☐ Available to answer questions ☐ Available	lable to an	swer questions	
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14

PLAN COMMISSION REGISTRATION FORM

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TEL		Colonia 1	COA 11	101110
	BJECT/ADDRESS/TOPIC _	Edgewood	2 grest	to append
YOUR NAME / WINY CAGE	Murphy	DATE	8 1201	19 109
YOUR ADDRESS 1910	Jetterson St.	TARL.		
Please check the appropriate boxes:	*			
□ Support	Oppose	□ Neither	Support N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	it) 🗆 Wis	sh to speak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	□ Do	not wish to s	peak
☐ Available to answer questions	☐ Available to answer ques	tions 🗖 Ava	ilable to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person oth complete the rest of this form. If you	ner than yourself answered "yes," g	Yes o on to the nex	No t questions.)
Name, address and telephone number of ea	ich person or organization you ar	e representing:		
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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	a? rest of this form.	☐ Yes	□ No
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC	AMENDINE	O CON AS IN
YOUR NAME	DATE	8/21.1-	2019
ANNA SE NOR AND	BATE_	0/00/	
YOUR ADDRESS			
Please check the appropriate boxes:	Α		
□ 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 complete the rest of this form. If you answered	d "yes," go on to the ne	☐ No ext questions.)
Name, address and telephone number of e	ach person or organization you are represe	nting:	
Are you being paid for your representation?		☐ Yes	MNo
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 is form.	No
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8/21/2-0)HA	-
Date 0/10/1019	Signature //w.	allund	

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AGENDA ITEM NO. / SU	BJECT/ADDRESS/TOPIC Edges	ed , W	Indraw	from master fl
YOUR NAME JOSH Gettle	DATE _	6/26/3	2019	
YOUR ADDRESS 2356 Wes	+ Lan Are	(/		
Please check the appropriate boxes:				
□ Support	☑ Oppose □	Neither S	Support	Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	□ Do no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to a	nswer questions
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	BJECT/ADDRESS/TOPIC Lagen	ood repeal of	2 Master Wan Claus
YOUR NAME JOS	DATE	8/26/201	
YOUR ADDRESS 8356 W	est Lan Ave	1 '	
Please check the appropriate boxes:			
☐ Support	Oppose	Neither Suppo	ort Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to spe	eak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	h to speak
Available to answer questions	☐ Available to answer questions	☐ Available t	o 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 repres	senting:	
Are you being paid for your representation?		□ Y	es 🔲 No
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Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest of this for	m except	es 🔲 No
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Prenously registered

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. WY SUBJECT/ADDRESS/TOPIC
YOUR NAME SUSAIN NICO DATE
YOUR ADDRESS 1901 Commonwealth Are
Please check the appropriate boxes:
□ Support Nor 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
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- Tuchu Julie - Deighlor an m
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AGENDA ITEM NO. / 4 SU	BJECT/ADDRESS/TOPIC MAS	stea Plan REPEX	a C
YOUR NAME M. Scott	State DAT	E 8-26-19	
YOUR ADDRESS 810 Wood	drow St Madison	WI 53711	
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 an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answ	ered "yes," go on to the ne	No xt questions.)
Name, address and telephone number of ea	ach person or organization you are rept	resenting:	
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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC Ede	se wood	Mast	er Plan Rep
YOUR NAME ED WIN S	bect DAT	E 8/28	119	V
YOUR ADDRESS 23(8 W)	awn Ave; Madison	wits	537	()
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither St	upport N	Nor 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
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At this meeting are you representing a (If you answered "no," STOP; you need not				☐ No xt questions.)
Name, address and telephone number of e	ach person or organization you are repr	esenting:		
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	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5			
(Please go to the City Clerk's website www.c County Building, Madison, for more information	ityofmadison.com/clerk/index.html or go t tion.)	o the Clerk's Off	ice at Rooi)	m 103 of the City-
Date 8/26/19	Signature	10 11		

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. 14 SUBJECT/ADDRESS/TOPIC Edgewood M	aster Plan repeal		
YOUR NAME CONTINUE JAGOE DATE 8/26	2019		
YOUR ADDRESS 2318 West Lawn tre, Madison v	VI 53711		
Please check the appropriate boxes:			
□ Support □ Oppose □ Neither S	Support Nor Oppose		
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	to speak (3 min. limit)		
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not	ot wish to speak		
☐ Available to answer questions ☐ Available to answer questions ☐ Available	able to answer questions		
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go Name, address and telephone number of each person or organization you are representing:			
Are you being paid for your representation?	☐ Yes No		
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)	☐ Yes ☐ No		
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)	☐ Yes No		
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AGENDA ITEM NO. LY SU	BJECT/ADDRESS/TOPIC May	, amendm	ut to CIDishi
	ricing DATE	4-26-1	
YOUR ADDRESS 1802 m	unroe St #408		
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 sp	eak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	h to speak
☐ Available to answer questions	Available to answer questions	☐ Available t	o answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not o	an organization or a person other that complete the rest of this form. If you answe	n yourself: Y red "yes," go on to t	es 🄼 No the next questions.)
Name, address and telephone number of ea	nch person or organization you are repre	senting:	
Are you being paid for your representation?		□ Y	es 🛂 No
	l. t C th		24
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Date 8-26-19	Signature	ht	

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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC Map 14	no enda	est Rep	eal of EHSM
YOUR NAME DENVIS	TREST DATE	26 K	106 2	019 5
YOUR ADDRESS 2316 Mo	nroe St Madison	WI	537	11
Please check the appropriate boxes:				
□ Support	Oppose	Neither S	Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	Do no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	lable 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:				
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FILE#56839 AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEALING SECT. 28.022 - 0017 MGD YOUR NAME MARC GARTLER DATE YOUR ADDRESS 820 WOODROW Please check the appropriate boxes: ∠ Oppose ☐ Support ☐ Neither Support Nor Oppose Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak ☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions At this meeting are you representing an organization or a person other than yourself: \(\simega\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing: DINO ☐ Yes Are you being paid for your representation? ☐ Yes M 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 No ☐ 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 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 Signature

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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC Map Amer	ndment Repeal	Edgewood's Moster	
AGENDA ITEM NO. 14 SU YOUR NAME <u>Gail Mart</u>	rinelli DATE	8/26/2019	7	
YOUR ADDRESS 2317 W	est Lawn Ave., Madiso	n, w1		
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	
	an organization or a person other than complete the rest of this form. If you answered		☐ No ext questions.)	
Name, address and telephone number of ea	ach person or organization you are represe	nting:		
Are you being paid for your representation?		☐ Yes	□ No	
Are you appearing as part of your other paid 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 (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 "no" to the question, go on to the next questi	☐ Yes except	□ No	
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Ethan

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC 56839 Edgew	d Master	Plan Repeal
YOUR NAME Ethan Brodsky DATE 2019-0	8-26	
YOUR ADDRESS 866 Woodrow St. Madism WI 537	11	
Please check the appropriate boxes:		
☐ Support ☐ Neither	Support N	or Oppose
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	to speak (3 min. limit)
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do n	ot wish to s	speak
☐ Available to answer questions ☐ Available to answer questions ☐ Available	lable to ans	swer questions
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	Yes on to the nex	No (xt questions.)
Name, address and telephone number of each person or organization you are representing:		•
Are you being paid for your representation?	☐ Yes	□ No
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)	☐ Yes	□ No
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Date Signature		

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AGENDA ITEM NO. /4 SU	BJECT/ADDRESS/TOPIC Salgot	wood o wloz	master Place
YOUR NAME DOVID T	DATE_	8/26/19	
YOUR ADDRESS 306 F	alles Ct. Made	son 53	205
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 of			☐ No ext questions.)
Name, address and telephone number of ea	ch person or organization you are represe	nting:	
			-
		□ v	□ No
Are you being paid for your representation?		☐ Yes	7-2
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 nis form.	□ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	☐ Yes except	□ No
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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC	Edgsw	as master	e fly withou
YOUR NAME SONALO SA	NFORD	DATE_	8.26.1	9
YOUR ADDRESS 1211 GAR	FIELD ST	53711		
Please check the appropriate boxes:				
□ Support	Oppose	□ No	either Support I	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 [Available to an	swer questions
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Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organizations, STOP. You need not complete to	ion? he rest of this f	Yes Yes	□ No
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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC Edge	wood	Mze	ter Plan	
YOUR NAME Wordy Fee	ornside Date				
YOUR ADDRESS					
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	☐ Avail	able to an	swer questions	
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Date	Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC MASTE	R PLAN REPEA	11 - EDGE1000	
YOUR NAME BRADLEY	Boyce DATE	26 AUG 201	9	
YOUR ADDRESS 938 We	CODROWST, MADISON,	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			□ No ext questions.)	
Name, address and telephone number of ea	ach person or organization you are represe	nting:		
Are you being paid for your representation?		☐ Yes	W No	
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)		☐ Yes his form.	₩ No	
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this 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 t	hat:	
Before you engage in lobbying as a lobb	yist, you or your principal must file an author	rization with the City Cl	erk.	
2. Your principal is not permitted to author	ize you to lobby unless the principal is registe	ered with the City Clerk		
If your principal spends or will owe more principal must file expense statements w	e than \$1,000 for lobbying services in any repith the City Clerk for the remaining quarters	porting period (calendar of the calendar year.	six months), the	
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Date 26 Aug 2019	Signature BALK See	1.16	10 18	
	/ //			

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AGENDA ITEM NO. Y	BJECT/ADDRESS/TOPIC M	AP Domeso BEPP
YOUR NAME TYCKER!	CEU'S DAT	E 8/26/19 0 DEOGE
YOUR ADDRESS 706	Legrand ST	
Please check the appropriate boxes:	Business 10	50 Pegen S
□ 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 repr	esenting:
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	of this form.
Are you an elected official or employee who for your municipality or other governmental la (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,	or if your appearance is part of other paid	duties, please be advised that:
	yist, you or your principal must file an aut	
3. If your principal spends or will owe more	ize you to lobby unless the principal is reg e than \$1,000 for lobbying services in any ith the City Clerk for the remaining quarte	reporting period (calendar six months), the
(Please go to the City Clerk's website www.c County Building, Madison, for more informa	ityofmadison.com/clerk/index.html or go i	o the Clerk's Office at Room 103 of the City-
also he		
Date O/26	Signature Scene 1	VIII.

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AGENDA ITEM NO. / * SU.	BJECT/ADDRESS/TOPIC Edgw	000	Campus	Master Man
YOURNAME Sarah Bah	BJECT/ADDRESS/TOPIC <u>Edga</u> andd: DATE	8/26	100	
YOUR ADDRESS 2006 Jeffe	irson St.			
Please check the appropriate boxes:				
□ Support	□ Oppose □	Neither	Support No	or Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	□ Wish	to speak (3	min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do n	ot wish to s	peak
☐ Available to answer questions	☐ Available to answer questions	☐ Avai	lable to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answere	ed "yes," go	Yes on to the next	□ No t questions.)
Name, address and telephone number of ea	A 5560 in 1. 200	enting:		
Are you being paid for your representation?			☐ Yes	M 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	his form.	☐ Yes	M 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 forn	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 that	ıt:
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an autho	rization with	n the City Cler	k.
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Date	Signature			

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AGENDA ITEM NO. Y	BJECT/ADDRESS/TOPIC			
YOUR NAME TED TO	HEME DATE	26 AUG 19		
YOUR ADDRESS 2121	ADAMS 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 ar (If you answered "no," STOP; you need not co				
Name, address and telephone number of each				
JOHN STAT	STATES STA	ND211265 3-669.8770		
Are you being paid for your representation?		☐ Yes ☐ No		
Are you appearing as part of your other paid di (If you answered "no" to both these questions, If you answered "yes," please continue.)		nis form.		
Are you an elected official or employee who is for your municipality or other governmental be (If you answered "yes" to the question, STOP, that you must sign this form. If you answered "	ody? . You need not complete the rest of this form	except Yes No		
If you are being paid for your representation, o	or if your appearance is part of other paid du	ties, please be advised that:		
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 If your principal spends or will owe more principal must file expense statements wit 	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of	porting period (calendar six months), the 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 26 Aug 19 S	ignature Dan			

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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC _	COGEWOOD		
YOUR NAME PACHEL FIE	LDS	DATE 8.26	.19	
YOUR ADDRESS 666 CEAN	DALL			
Please check the appropriate boxes:				
□ Support	Oppose	□ Neither	Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. lim	it) 🗆 Wish	to speak	3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak		ot wish to	speak
☐ Available to answer questions	☐ Available to answer ques	tions 🗖 Avai	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 complete the rest of this form. If you	ner than yourself: answered "yes," go	Yes on to the ne	☐ No xt questions.)
Name, address and telephone number of ex		e representing:		
	the same of the sa			
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	a? rest of this form.	☐ Yes	₩ No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of	this form except	☐ Yes	☑No
If you are being paid for your representation,	or if your appearance is part of other	r paid duties, please	be advised tl	nat:
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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 the principal must file expense statements.	than \$1,000 for lobbying services in the City Clerk for the remaining	n any reporting perio quarters of the calend	od (calendar dar year.	six months), the
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Date 6. 26.19	Signature <u>lad</u>	Ru		

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AGENDA ITEM NO. / 4 SU	BJECT/ADDRESS/TOPIC Edge	wood w	ithdrawalfro
YOUR NAME Ann Clave	DATE	8/26/10	master Po
YOUR ADDRESS 2525 G	regory St	(
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 of	n organization or a person other than complete the rest of this form. If you answere	yourself: u	Yes No the next questions.)
Name, address and telephone number of ea			
			. See
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 for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this form	except	Yes 🔲 No
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be adv	vised that:
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			M	
-11 -	BJECT/ADDRESS/TOPIC Segu	est to repeal i	=W Masterflan	
YOUR NAME Shawn Do	oherty DAT	E August 26	2019	
YOUR ADDRESS 2121 Add	ums ST	U		
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	o 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			next questions.)	
Name, address and telephone number of ea	ch 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 if 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 rest of this fo	☐ Yes	□ No	
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Date August # 26 2019 8	Signature / Main	4		

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AGENDA ITEM NO. 4 SU	BJECT/ADDRESS/TOPIC		
YOUR NAME Char to	Impson DATI	E Aug 26	
YOUR ADDRESS 2716 G	regary		
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 a Name, address and telephone number of ea	complete the rest of this form. If you answe	red "yes," go on to the n	No 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.)	duties for this person or organization? s, STOP. You need not complete the rest of	☐ Yes fthis form.	ĭŹNo
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this for	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised	that:
	yist, you or your principal must file an auth		
	ize you to lobby unless the principal is regi e than \$1,000 for lobbying services in any		
principal must file expense statements w	ith the City Clerk for the remaining quarter	s of the calendar year.	i on monany, are
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Date 8 26	Signature Char Turn	1	

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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC File	\$56839	Repeal	Edge wood MP
YOUR NAME Marie T	rest DA'	TE 8-2	6-19	
YOUR ADDRESS 2310	Monroe St Ma	idison 1	N1 537	11)
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 no	ot wish to sp	eak
☐ Available to answer questions	☐ Available to answer question	s 🗖 Avail	able to ansv	ver questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of each	complete the rest of this form. If you ans	wered "yes," go		MNo 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 rest	of this form.	☐ Yes	□ No
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AGENDA ITEM NO/ SU	BJECT/ADDRESS/TOPIC Wilhdran				
	1. Nash I DATE 76		2019		
	west Lawn Are Made		L 53741		
Please check the appropriate boxes:			distribute.		
□ Support	☑ Oppose ☐ Neither	Support N	or Oppose		
☐ Wish to speak (3 min. limit)	☑ Wish to speak (3 min. limit) ☐ Wish	to speak (3	3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak ☐ Do n	ot wish to s	peak		
☐ Available to answer questions	☐ Available to answer questions ☐ Avai	lable to ans	wer questions		
(If you answered "no," STOP; you need not	an organization or a person other than yourself: complete the rest of this form. If you answered "yes," go	Yes on to the nex	□ No et questions.)		
	ach person or organization you are representing:		The State of the last		
1 : 21 for your representation?		☐ Yes	□ No		
Are you being paid for your representation?					
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)					
for your municipality or other governmental	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form except I "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 th	at:		
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Date 26 Aug. 2019	Signature Danne H Nach	NI VIII			

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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC Amen	Quent to repeat	(Edgarood	
YOUR NAME SCOTES	PODLMAN DATE	8/26/19	Maller 13len	
YOUR ADDRESS 2317 W.	LAWSI AVE MAR	150N 53	3711	
Please check the appropriate boxes:				
□ Support	Oppose	Neither Support N	or Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to 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 on to the ne	No xt questions.)	
Are you being paid for your representation?		☐ Yes	□ No	
Are you appearing as part of your other paid 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	□ No	
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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 report the City Clerk for the remaining quarters	porting period (calendar of the calendar year.	six months), the	
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AGENDA ITEM NO. 14 SU	BJECT/ADDRESS/TOPIC Repea	el Edge	1 Booch	Master T		
YOUR NAME 838 Maria Ratturde DATE 8/26/19						
YOUR ADDRESS 838 Woodrow St. Madison, W1 53711						
Please check the appropriate boxes:						
☐ Support	3 Oppose □	Neither S	upport l	Nor Oppose		
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	t wish to	speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to an	swer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answered	d "yes," go o		No ext 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.)						
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AGENDA ITEM NO. 7 SU	BJECT/ADDRESS/TOPIC Ke		ter Play	
YOUR NAME BOLDER	Erlen born DAT	E 8-26-	15	
YOUR ADDRESS 23/6	West Laun Ary			
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither Support N	or Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of			□ No st questions.)	
Name, address and telephone number of ea	ch person or organization you are repr	esenting:		
Are you being paid for your representation?		☐ Yes	9000	
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 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	ANO	
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised th	at:	
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Date 8 76 - 1 9	Signature Dovern	Clenten		

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AGENDA ITEM NO. 14 SUBJ	JECT/ADDRESS/TOPIC				
YOUR NAME YAGE GON DATE 8/26/19					
YOUR ADDRESS 860 WOO	DROW ST MAD				
Please check the appropriate boxes:					
□ Support □	Oppose	Neither Support N	Nor Oppose		
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak		
☐ Available to answer questions ☐	☐ Available to answer questions	☐ Available to an	swer questions		
At this meeting are you representing an (If you answered "no," STOP; you need not con	mplete the rest of this form. If you answered	"yes," go on to the ne.	☐ No xt questions.)		
Name, address and telephone number of each	n person or organization you are represen	ting:			
Are you being paid for your representation?		☐ Yes	P No		
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AGENDA ITEM NO. 4 SUBJECT/ADDRESS/TOPIC Exquusid Master Plan						
YOUR NAME Gretche	n Wietmayer DATE_	8/24	-/19	7		
YOUR ADDRESS 2260 \		rdiso	h ivi	53711		
Please check the appropriate boxes:						
□ Support	Oppose	Neither S	Support N	Nor Oppose		
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	ot wish to	speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions		
(If you answered "no," STOP; you need not	nn organization or a person other than y complete the rest of this form. If you answered	"yes," go	Yes on to the ne	☐ No xt questions.)		
Name, address and telephone number of ea	nch person or organization you are represen	ting:				
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	UBJECT/ADDRESS/TOPIC	up Amena	ment	epeal
YOUR NAME Shawn	Schly DATE	18/26/	19	
YOUR ADDRESS 878	Noodrow St Madi	ison u	11 537	11
Please check the appropriate boxes:	. 1			
□ Support	Oppose	Neither Supp	ort Nor Op	pose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to s	peak (3 min. l	imit)
☐ 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 qu	estions
At this meeting are you representing (If you answered "no," STOP; you need no	an organization or a person other than t complete the rest of this form. If you answere	yourself: Uy	Yes No	ons.)
	each person or organization you are repres			
Are you being paid for your representation?			Yes 🔲 No	
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? ns, STOP. You need not complete the rest of the	his form.	Yes 🔲 No	
for your municipality or other governmental (If you answered "yes" to the question, STC	o is appearing solely on behalf of your office of body? OP. You need not complete the rest of this form d "no" to the question, go on to the next quest	except	Tes 🔲 No	
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	rize you to lobby unless the principal is registe			
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Date	Signature			

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	BJECT/ADDRESS/TOPIC					
YOUR NAME Dary 1 K	- Sherman DATE A	ug. 26, 2	017			
YOUR ADDRESS 3106 On	egory St Madison	ug. 26, 2 537.	11			
Please check the appropriate boxes:						
□ Support	☑ Oppose □ N	either 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 organization or a person other than yo complete the rest of this form. If you answered "	urself: Yes	☑ No xt questions.)			
	ich person or organization you are representi					
Are you haing paid for your representation?		D. **	D			
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