PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Master Plan

YOUR NAME Steve Johnson DATE 8/26/19

YOUR ADDRESS 3062 Bosshard Dr, Fitchburg WI

Please check the appropriate boxes:

☒ Support	☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 8/24/19 Signature

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.

   Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Termination of Master Plan

YOUR NAME Stuart Herro DATE 8/29/19

YOUR ADDRESS 2020 Vilas Avenue, 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	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No
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Date 8/29/19 Signature Stuart C. Herro

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan

YOUR NAME George MacKenzie DATE 8/26/19

YOUR ADDRESS 54 Cherokee Circle Madison WI 53704

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

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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Date 8/26/19 Signature George C MacKenzie

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Steve Kintz DATE 8/26/19

YOUR ADDRESS 1715 Adams 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	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

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Date 8/26/19 Signature [signature]

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Laura Petersen DATE 8-26-19

YOUR ADDRESS 429 Gammon Place Madison, WI 53719

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

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Date 8-26-19 Signature Laura Petersen

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Mikell L Dahoff DATE 8/26/19

YOUR ADDRESS 2 Quail Ridge Madison WI 53717

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

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Name, address and telephone number of each person or organization you are representing:

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Date 8/26/19 Signature Mikell L Dahoff

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~~No to #10~~
yes to #14

PLAN COMMISSION REGISTRATION FORM

#14

AGENDA ITEM NO. _____ SUBJECT/ADDRESS/TOPIC ~~Edgewood Master Plan~~

YOUR NAME MARY W. YEAGER DATE 8/26/19

YOUR ADDRESS 411 Coleman Rd Madison, WI 53704

Please check the appropriate boxes: ~~#10~~ #14 - I support ETS!

☐ Support For Edgewood	☐ 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

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Date 8/26/19 Signature Mary W. Yeager

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION REGISTRATION FORM

#11

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Appeal Edgewood campus master plan

YOUR NAME Laurie Koch DATE 8-26-19

YOUR ADDRESS 4105 Dwight Dr. Madison, WI 53704

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

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Date 8/26/19 Signature Laurie Koch

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Mastr

YOUR NAME Thomas Richardson DATE 8-26-19

YOUR ADDRESS 1918 Adams St. Madison

Please check the appropriate boxes:

☑ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☑ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Are you being paid for your representation? ☐ Yes ☑ No

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Date 8-26-19 Signature Thom R. Richardson

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan Amn.

YOUR NAME Barbara Richardson DATE 8-26-19

YOUR ADDRESS 1918 Adams St. Madison

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No
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(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 Barbara Richardson

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan repeal

YOUR NAME Janice K. Zawacki DATE 8/26/19

YOUR ADDRESS 628 Knickerbocker Street Madison

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

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Date 8/26/19 Signature Janice K. Zawacki

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Ellen Hughes DATE 8-26-19

YOUR ADDRESS 701 Rodefeld Way, Madison WI 53718

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

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Name, address and telephone number of each person or organization you are representing:

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Date 8-26-19 Signature E Hughes

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Kerry Ham DATE 8-26-19

YOUR ADDRESS 1819 Helena St

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Date 8-26-19 Signature Kerry Ham

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Approve Appeal of Master Plan

YOUR NAME Susan Elliott DATE 8/26/2019

YOUR ADDRESS 2615 Smoky Trail, 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	☐ 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

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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Date 8/26/2019 Signature Susan Elliott

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Approve Appeal of Master Plan

YOUR NAME Pamela Marshall DATE Aug. 26, 2019

YOUR ADDRESS 702 Mark Dr Verona WI 53593

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☑ No

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Date 8/26/19 Signature Pamela Marshall

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal

YOUR NAME Gary Stebnitz DATE 8/26/2019

YOUR ADDRESS 915 Wasan Hill, 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	☐ 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

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Are you being paid for your representation? ☐ Yes ☑ No

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Date 8/26/2019 Signature [signature]

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME DAVID ZENTNER DATE 8-26-2019

YOUR ADDRESS 5101 SAWYER CYR RD, MIDDLETON, WI 53562

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

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Name, address and telephone number of each person or organization you are representing:

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_____

Are you being paid for your representation? ☐ Yes ☒ No

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Date 8-26-2019 Signature _____

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC EDGEWOOD MASTER PLAN REPEAL

YOUR NAME MURIEL KROPF DATE 8-26-2019

YOUR ADDRESS 615 S. SPOONER ST., MADISON, WI

Please check the appropriate boxes:

☐ Support	☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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Date 8-26-2019 Signature Muriel C. Kropf

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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PLAN COMMISSION REGISTRATION FORM

~~10~~ Repeal Master Plan & Edgewood Stadium

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Stadium

YOUR NAME MADONNA BINKOWSKI DATE 8-22-19

YOUR ADDRESS 611 FARWELL DR MADISON WI 53704

Please check the appropriate boxes:

☑ **Support** Repeal MASTER Plan	☐ **Oppose** ~~No to 10~~	☐ **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

14

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☑ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☑ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☑ No

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 8-26-19 Signature [signature]

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Sec 28.022-00117

YOUR NAME John Fahrney DATE 8/26/19

YOUR ADDRESS 7834 Birle St Madison WI 53717

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

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Mary P Leahy DATE Aug 26, 2019

YOUR ADDRESS 321 Elmside

Please check the appropriate boxes:

☒ **Support**	☒ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☐ Do not wish to speak	☒ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Jenny Sheahan DATE 8/26/19

YOUR ADDRESS 1502 Red Tail Dr

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

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Name, address and telephone number of each person or organization you are representing:

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Date 8/26/19 Signature Jennifer Sheahan

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Alicia Boehme DATE 8/26/2019

YOUR ADDRESS 2993 Rothmore Lane Fitchburg 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
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Q

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Date 8/26/2019 Signature A. Boehme

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Sarah Gruessl DATE 8/26/19

YOUR ADDRESS 27 Bayside Dr. Madison, WI 53704

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
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEAL

YOUR NAME MIKE CARY DATE 8-26-19

YOUR ADDRESS 921 HIDDEN CAVE

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☒ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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Date 8-26-19 Signature [signature]

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME James Pankratz DATE 8/26/19

YOUR ADDRESS 6209 Strathmore

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
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME PETE JOHNSON DATE 8/26/19

YOUR ADDRESS 241 SENECA PL, 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	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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Date 8/28/19 Signature _____

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. #14 SUBJECT/ADDRESS/TOPIC Master Plan Repeal

YOUR NAME LYNN BJORKMAN DATE 26 AUG 2019

YOUR ADDRESS 1910 W. Lawn Ave

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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Date 26 aug 2019 Signature Lynn Bjorkman

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Repeal of Master Plan

YOUR NAME Lora Ring DATE 8/26/14

YOUR ADDRESS 5405 Barton Rd 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 answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

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PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood - Repeal of master plan

YOUR NAME Christen Ring DATE 8/26/19

YOUR ADDRESS 721 Anthony Lane. 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 answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

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Name, address and telephone number of each person or organization you are representing:

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Edgewood Master Plan

YOUR NAME Joe Rings DATE 8.26.19

YOUR ADDRESS 721 Anthony Lane, 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
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At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

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Name, address and telephone number of each person or organization you are representing:

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC EHS Master Plan repeal

YOUR NAME Ray Rocca DATE 26/Aug/19

YOUR ADDRESS 1514 Chandler 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
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At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☑ No

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☑ No

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Date 8/26/19 Signature Ray Rocca

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Curtis Sheahan DATE 8/26/19

YOUR ADDRESS 1506 Red Tail Dr. Verona, WI 53593

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

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Date 8/26/19 Signature Curtis Sheahan

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEAL MASTER PLAN

YOUR NAME NORMAN BONSOC DATE 8-26-19

YOUR ADDRESS 5435 QUIET STONE DR FITCHBURG,

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

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Date 8-26-19 Signature

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Rezoning Sept 28.002

YOUR NAME Marlene Ford DATE 8/26/19

YOUR ADDRESS 505 N Carroll St

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

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Date 8/26/19 Signature Marlene Ford

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repealing Section 28.002

YOUR NAME Judy Modjeska DATE 8/26/19

YOUR ADDRESS 4817 Starker Ave Madison

Please check the appropriate boxes:

☑ Support	☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☑ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Are you being paid for your representation? ☐ Yes ☑ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☑ No
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Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☑ No
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(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 Judith Modjeska

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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   Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Dennis David Sauer DATE 8-26-19

YOUR ADDRESS 624 W. Shore Dr. Madison, WI

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

_____

_____

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
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Date _____ Signature _____

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Edgewood Master Plan

YOUR NAME Casey Taulgeon DATE 8/26/19

YOUR ADDRESS 5062 Tree Line Dr. Fitchburg, 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	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Andrew Winborne DATE 26 AUG 2019

YOUR ADDRESS 6030 Fairfax Lane Madison, WI 53718

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

_____

_____

Are you being paid for your representation? ☐ Yes ☒ No

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Date 26 AUG 2019 Signature _____

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan

YOUR NAME Gerardo Jimenez DATE Aug 26, 2019

YOUR ADDRESS 280 Sylvan Ave Madison, WI 53705

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No
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Date _____ Signature _____

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood HS

YOUR NAME John McKinley DATE 8-26-19

YOUR ADDRESS 509 Charles Lane 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	☐ 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

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Campus Master Plan

YOUR NAME Benjamin Strickland DATE 8-26-19

YOUR ADDRESS 445 Woodside Terrace 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	☐ 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:

Edgewood High School & current Madison City Taxpayer

Are you being paid for your representation? ☐ Yes ☑ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☑ No

*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

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Date 8-26-19 Signature [signature]

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC EDGEWOOD MASTER PLAN

YOUR NAME JACK ZWETTLER DATE 8/26/19

YOUR ADDRESS 7538 MID TOWN RD #204 MADISON, WI 53719

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:

EDGEWOOD HIGH SCHOOL 608 257 1023

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

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Date 8/26/2019 Signature Jack Zwettler

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Campus Master Plan

YOUR NAME Ryan Karow DATE 8/26/2019

YOUR ADDRESS 6926 E. Pass Unit 210 Madison WI 53719

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:

Edgewood Habit School

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

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Date 8/26/2019 Signature

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Master Plan

YOUR NAME Danielle Deserano DATE 8-26-19

YOUR ADDRESS 1101 Chandler St, Madison 53715

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:

Edgewood High School

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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(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 Danielle Deserano

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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3. The most effective statements are brief, well organized, and avoid repetition. If you agree with the statement of a prior speaker, please so indicate rather than repeating those statements.
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal

YOUR NAME Jennifer Klestinski DATE 8-26-19

YOUR ADDRESS 7755 Pamela Cir.

Please check the appropriate boxes:

☑ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☑ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☑ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☑ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☑ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☑ No
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Date 8-26-19 Signature Jennifer Klestinski

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Wayne Koenig DATE 8/26/19

YOUR ADDRESS 41 Newbury Circle, 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	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
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Date 8/26/19 Signature Wayne Koenig

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. #14 SUBJECT/ADDRESS/TOPIC Repeal Edgewood Campus Master Plan

YOUR NAME Carolyn Wasacz DATE 9/26/19

YOUR ADDRESS 2438 Swan Rd Mt. Horeb, WI 53572

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
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Date 9/26/19 Signature Carolyn Wasacz

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME ALLAN BACHMANN DATE 8-26-19

YOUR ADDRESS 1201 S STOUGHTON RD MADISON, WI

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

608-576-5901

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
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Date 8-26-19 Signature _____

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. ~~10~~ 14 SUBJECT/ADDRESS/TOPIC Edgewood Goodman Field

YOUR NAME HARRY HANEY DATE 8/26/19

YOUR ADDRESS 1945 Wallingford Circle Sun Prairie WI 53590

Please check the appropriate boxes:

☑ **Support** Edgewood	☐ **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

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☑ No

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Date 8/26/2019 Signature [signature]

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Sept 28, 022

YOUR NAME Brian Hilson DATE 8/26/18

YOUR ADDRESS 425 Jubilee Lane, Madison

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

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Date 8/26/18 Signature Brian Hilson

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Section 28.022

YOUR NAME Kate Madjeska Hillson DATE 8/26/19

YOUR ADDRESS 425 Jubilee Lane Madison

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
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Date 8/26/19 Signature Kate Madjeska Hillson

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PLAN COMMISSION
REGISTRATION FORM

56839

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Sec 28.022-0017

YOUR NAME Sophia Korb DATE 8/26/19

YOUR ADDRESS 626 Langdon St. #305

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

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Date 8/26/19 Signature Sophia Korb

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PLAN COMMISSION
REGISTRATION FORM

56839

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Sec# 28.022-0017

YOUR NAME Gerald Modjeska DATE 8/26/19

YOUR ADDRESS 4817 Starker Ave. Madison, 53716

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

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Date 8/26/19 Signature Gerald Modjeska

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repealing Sec. 28.002

YOUR NAME Margaret Lorb DATE 8/26/19

YOUR ADDRESS 448 N Paterson St.

Please check the appropriate boxes:

☒ Support	☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Date 8/26/19 Signature Margaret Lorb

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repealer Sect 28.082

YOUR NAME Jim Rorr DATE 8/26/19

YOUR ADDRESS 505 N Carroll St Madison

Please check the appropriate boxes:

☑ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☑ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Date 8/26/19 Signature

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC 56839 Repealing Sect. 28.022

YOUR NAME Joseph Korb DATE 8/26/19

YOUR ADDRESS 626 Langdon St. #108

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

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Date 8/26/19 Signature Joseph Korb

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 14 -56839 SUBJECT/ADDRESS/TOPIC Repealing & Recreating Section 28.022 Edgewood

YOUR NAME Jennifer Zorb DATE 8-26-19

YOUR ADDRESS 2410 N Paterson, Madison 53703

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

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Date 8/26/19 Signature

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood Field Usage

YOUR NAME LAURA RITCHIE DATE 8-26-19

YOUR ADDRESS 999 S. Bird St. Sun Prairie WI 53590

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

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Date 8/26/19 Signature Laura A Ritchie

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal MP

YOUR NAME Anne Rodriguez DATE 8/26/19

YOUR ADDRESS 211 Lathrop St 53726

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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Date 8/26/19 Signature Anne Rodriguez

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal

YOUR NAME Kathryn Beyer DATE 8/26

YOUR ADDRESS 708 Tamarack Way, Verona

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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Date 8/26 Signature Kathryn Beyer

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEAL MASTER PLAN

YOUR NAME KARIE KRANTZ DATE 8/26/19

YOUR ADDRESS 1715 ADAMS 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	☐ 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

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Date 8/26/19 Signature KK

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Tracy Schmotzer DATE 8/26/19

YOUR ADDRESS 4718 Ames St

Please check the appropriate boxes:

☒ Support	☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

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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 _____

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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   Members of the Commission may have questions of the speakers when they are finished. However, speakers are not required to answer any questions. The Commission will not engage in discussion or debate with the speakers. All questions directed to the Commission shall be addressed to the Chair.
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC EHS Master Plan

YOUR NAME Hugh Wabers DATE 26 Aug 2019

YOUR ADDRESS 4625 Gregg Road

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

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Date 26 Aug 2019 Signature Hugh Wabers

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood

YOUR NAME Amy Greenhalgh DATE Aug 26, 2019

YOUR ADDRESS 617 Chatham Terr. 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	☐ 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

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Date Aug 26, 2019 Signature [signature]

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal

YOUR NAME Victor Rodriguez DATE 8/26/19

YOUR ADDRESS 211 Lathrop St Madism WI 53726

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

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Date 8/26/19 Signature Victor Rodriguez

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Edgewood Master Plan

YOUR NAME Susan Landgraf DATE 08/26/2019

YOUR ADDRESS 2130 West Lawn Ave 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 answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

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Are you being paid for your representation? ☐ Yes ☐ No

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Date 08/26/2019 Signature Susan Landgraf

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. #14 SUBJECT/ADDRESS/TOPIC Edgewood Master Campus

YOUR NAME MARK Landgraf DATE 8/20/19

YOUR ADDRESS 2130 West Lawn Ave Madison

Please check the appropriate boxes:

☒ Support	☐ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Edgewood Master Plan

YOUR NAME Theresa Fulton DATE 8-26-19

YOUR ADDRESS 2981 Cassidy Ct. Fitchburg 53711

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☒ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEAL ROSEWOOD MASTER PLAN

YOUR NAME JIM FULTON DATE 26 AUG 2019

YOUR ADDRESS 2981 GLISAN CT MADISON

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REGENT MASTER PLAN

YOUR NAME Bryce Jerves DATE 8/26/19

YOUR ADDRESS 210 LANGDON 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

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Date 8/26/19 Signature Bryce Jerves

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. #14 SUBJECT/ADDRESS/TOPIC Repeal Edgewood Campus Master Plan

YOUR NAME Charles Leske DATE 6/26/2019

YOUR ADDRESS 2958 Crampview Circle Sun Prairie, WI 53590

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.)*

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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 [signature]

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal

YOUR NAME Darryl Tueler DATE 8/26/2018

YOUR ADDRESS 4213 Saint Clair 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	☐ 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

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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Date 8/26/2018 Signature D Tueler

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEAL MASTER PLAN

YOUR NAME SANDRA DOCTER DATE 8/26/19

YOUR ADDRESS 4269 Libby Rd 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 answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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Date 8/24/19 Signature S. Docter

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEAL M.P.

YOUR NAME Paul Cuts DATE 8/26/19

YOUR ADDRESS [redacted] 1611 MONROE #414

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

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Are you being paid for your representation? ☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No
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Date _____ Signature _____

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal MASTER Plan

YOUR NAME Margaret Watson DATE 8-26-19

YOUR ADDRESS 6743 Rolling OAKS Verona

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

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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Date 8-26-19 Signature Margaret Watson

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal master Plan

YOUR NAME Scott WATSON DATE 8-26-19

YOUR ADDRESS 6743 Rolling OAKS, Verona WI

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Date 8-26-19 Signature Scott Watson

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Jim HARTLIEB DATE 8/26/19

YOUR ADDRESS 29 Autumnwood Circle, Madison 53719

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

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Date 8/26/19 Signature J Hartlieb

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Thomas Yager DATE 8-26-19

YOUR ADDRESS 5836 Woods Edge Rd. Fitchburg, 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	☐ 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

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Name, address and telephone number of each person or organization you are representing:

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Report / Master Plan

YOUR NAME Mark Lycarelly DATE 8/26/19

YOUR ADDRESS 5781 Verde View 53717

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

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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No

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Date 8/26/19 Signature Mark Lycarelly

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Edgewood HS Master Plan

YOUR NAME Rachael Zwetter DATE 08/26/2019

YOUR ADDRESS 4625 Gregg Rd. Madison, WI 53705

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:

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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 08/26/2019 Signature Rachael Zwetter

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Corey Sielaff DATE 8/26/19

YOUR ADDRESS 211 S. Whitney Way, Madison WI

Please check the appropriate boxes:

☒ Support	☒ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

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Name, address and telephone number of each person or organization you are representing:

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Date 8/26/19 Signature

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 19 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Patrick Kelly DATE 8/26/19

YOUR ADDRESS 3938 Sumac Cr. Middleton WI 53562

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak ***(3 min. limit)***	☐ Wish to speak ***(3 min. limit)***	☐ Wish to speak ***(3 min. limit)***
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☒ No

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Date 8/26/19 Signature Patrick Kelly

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. #14 SUBJECT/ADDRESS/TOPIC Repeal Master plan

YOUR NAME Eliza Zwetter DATE 8/26/19

YOUR ADDRESS 2695 N. Park Ln 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	☐ 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

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Date 8/26/19 Signature Eliza Zwetter

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME D. Michael Johnson DATE 8/26/19

YOUR ADDRESS 9513 Wild Prairie Trl Verona, WI 53593

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No

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Date 8/26/19 Signature D Michael Johnson

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME Holly Guenther DATE 8-26-19

YOUR ADDRESS 9243 Gem View Lane Mt. Horeb

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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Date 8-26-19 Signature Holly Guenther

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Rezoning Edgewood Mastr Plan

YOUR NAME Brian Downey DATE 8/26/2019

YOUR ADDRESS 3502 Country Grove Dr., Madison

Please check the appropriate boxes:

❑ **Support**	❑ **Oppose**	❑ **Neither Support Nor Oppose**
❑ Wish to speak ***(3 min. limit)***	❑ Wish to speak ***(3 min. limit)***	❑ Wish to speak ***(3 min. limit)***
☒ Do not wish to speak	❑ Do not wish to speak	❑ Do not wish to speak
❑ Available to answer questions	❑ Available to answer questions	❑ Available to answer questions

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Date 8/26/2019 Signature Brian Downey

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Repeal Master Plan

YOUR NAME PATRICK CORCORAN DATE 8/26/19

YOUR ADDRESS 3718 Country Grove Dr

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
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Date 8/26/19 Signature [signature]

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC Reheel Master Plan

YOUR NAME Deb Palm DATE 8-26-19

YOUR ADDRESS 30 N. Woodmont Circle Madison WI 53717

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☒ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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(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 Deb Palm

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Elizabeth Kathryn Rivera DATE 8-29-19

YOUR ADDRESS 3447 Halverson Rd Stoughton WI

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak ***(3 min. limit)***	☐ Wish to speak ***(3 min. limit)***	☐ Wish to speak ***(3 min. limit)***
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No

*(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:

_____

_____

Are you being paid for your representation? ☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No
*(If you answered "no" to both these questions, **STOP.** You need not complete the rest of this form. If you answered "yes," please continue.)*

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No
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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEAL MASTER PLAN

YOUR NAME MARK ROBAIDEK DATE 8/26/19

YOUR ADDRESS 102 NW 50th St SEATTLE WA 98107

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*	☐ Wish to speak *(3 min. limit)*
☒ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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Date 8/26/19 Signature MF Robaidek

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14 SUBJECT/ADDRESS/TOPIC REPEAL MASTER PLAN

YOUR NAME DEBORAH STILL DATE

YOUR ADDRESS 710 ONEIDA PLACE 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	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions

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Date 8/26/19 Signature Deborah J Still

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