AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC	54396		
YOUR NAME MARK UDVAN	RI-SOLNER DAT	E 10.14.20	19	
	EPSITU AVE.			
Please check the appropriate boxes:				
☑ Support	☐ Oppose	☐ Neither Support N	Nor Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak	
Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answ	ered "yes," go on to the ne	☐ No ext 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? c, 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 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 fo	☐ Yes	Ŭ No	
If you are being paid for your representation, of	or if your appearance is part of other paid	duties, please be advised th	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.				
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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 10.14. 2019 Signature / Many				
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### 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. 13 SL	JBJECT/ADDRESS/TOPIC	1166	
YOUR NAME KATHEN	DAT	F 10. 14. Le	19
	ke Mendota Dr. Ma		3705
Please check the appropriate boxes:	7, 101	0013011 00.2	
Support	□ Oppose	☐ Neither Support I	Nor Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions
At this meeting are you representing a	an organization or a person other tha	ın yourself: 🔲 Yes	No
(If you answered "no," STOP; you need not Name, address and telephone number of ea	complete the rest of this form. If you answe	red "yes," go on to the ne	ext questions.)
		senting.	
Are you being paid for your representation?		☐ Yes	<b>D</b> (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 this form.	□ No
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody?  Now need not complete the rest of this for	☐ Yes	□ No
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Date	ignature	_	

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AGENDA ITEM NQ. 13 SU	JBJECT/ADDRESS/TOPIC	54306	
YOUR NAME RON CANA		E 10.14. 2	019
	IVENSITES IN	E	
TO STATE DIESS	1000		
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 ans	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	on organization or a person other the	an yourself: Yes	□ No
Name, address and telephone number of ea	ich person or organization you are repr	esenting:	u 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 questions If you answered "yes," please continue.)	duties for this person or organization? c, 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 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 the	at:
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3. If your principal spends or will owe more principal must file expense statements wit	than \$1,000 for lobbying services in any	reporting period (colondor a	ix months), the
(Please go to the City Clerk's website www.cit County Building, Madison, for more information	tyofmadison.com/clerk/index.html or go to	the Clerk's Office at Room	103 of the City-
Date 10/14/19 S.	ignature Alallow	1	
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AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC 5430	ab	
YOUR NAME ROSert MontgonDATE	10.14.2	019
YOUR ADDRESS /19 S. Main St Cottage	Grus	WI FICE
Please check the appropriate boxes:		
Support	ther Support N	Nor Oppose
D Write to the second	Wish to speak (	
	Do not wish to	
		swer questions
At this meeting are you representing an organization or a person other than yours (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes,	self: $\square$ Yes	ΠNo
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, <b>STOP</b> . You need not complete the rest of this form If you answered "yes," please continue.)	n. ∠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, <b>STOP</b> . 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	<u>T</u> No
If you are being paid for your representation, or if your appearance is part of other paid duties, ple	ease be advised th	iat:
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk County Building, Madison, for more information.)	c's Office at Roon	n 103 of the City-
Date bet 14 201 9 Signature		

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AGENDA ITEM NO. \3 SU	BJECT/ADDRESS/TOPIC 54	SU Lake M	lendo te i	
YOUR NAME TYATY MC	organ-Sheriff DAT	E14 Oct	3019	
YOUR ADDRESS 5404 L	. 2 ke Mendoda	Dr. Madis	ion 53:	
Please check the appropriate boxes:				
🗹 Support	□ Oppose	☐ Neither Support N	or Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (	3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to s	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answ	ered "yes," go on to the nex	☐ No ct questions.)	
Are you being paid for your representation?		Yes	No No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	☐ Yes of this form.	₩o	
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? •• You need not complete the rest of this fo	Yes orm except	No	
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised the	at:	
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2. Your principal is not permitted to authori				
3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarte	reporting period (calendar s rs of the calendar year.	ix 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 14 00 219 S	Signature Many In	g - She		

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AGENDA ITEM NO. 13 SU	BJECT/ADDRESS/TOPIC	54	396	
YOUR NAME LUAHN S	shay	DATE	114/19	
YOUR ADDRESS 5018 Con	gressional Hill	Middleton	i, WI	53597
Please check the appropriate boxes:				
Support	☐ Oppose	□ Neither	Support N	or Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. li	imit)	h to speak (	3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	□ Do 1	not wish to	speak
☐ Available to answer questions	☐ Available to answer que	estions	ilable to ans	swer questions
At this meeting are you representing an organization or a person other than yourself:   Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)  Name, address and telephone number of each person or organization you are representing:				
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2. Your principal is not permitted to authorize				
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Date 10/14/19 S	Signature			

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Please check the appropriate boxes:    Support			DATE /C	/14/1	9	
Wish to speak (3 min. limit)   Do not wish to speak   Available to answer questions   Available to answer quest	YOUR ADDRESS SOLS CONC	FRESSIONAL NL	MIDULET	a, wi	53597	
Wish to speak (3 min. limit)	Please check the appropriate boxes:					
□ 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? □ 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 (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)  If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:  1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.  2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.  3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.  (Please go to the City Clerk's website www.citvofinadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Malison, for more information.)	Support	□ Oppose	☐ Neither	Support N	or Oppose	
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Date 1014/19 Signature MM	(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informat	tyofmadison.com/clerk/index.html ion.)	or go to the Clerk's (	Office at Room	103 of the City-	
	Date 1014/19 S	Signature MM				

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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- 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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AGENDA ITEM NO. /3 SUBJECT/ADDRESS/TOPIC 54396				
YOUR NAME Pes Cox	DATE	10-14-19		
YOUR ADDRESS 7677 Sum	werdield Dr. Verma	WI 535	-93	
Please check the appropriate boxes:				
X Support	□ Oppose □	Neither Support N	Nor Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to		
☐ 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	yourself: $\square$ Yes d "yes," go on to the ne	No	
Are you being paid for your representation?		☐ Yes	□ No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	luties for this person or organization?  s, STOP. You need not complete the rest of the	Yes is 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, <b>STOP</b> that you must sign this form. If you answered	ody? . You need not complete the rest of this form	☐ Yes	□ No	
If you are being paid for your representation, or	or if your appearance is part of other paid dut	ies, please be advised th	at:	
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Date 10-14-19 S	ignature	1		

### 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. 13	SUBJECT/ADDRES	SS/TOPIC KATT	N. COX!	PROPUNEIL
YOUR NAME HAIL	EY PIRUS	DATE	10/14/	2019
YOUR ADDRESS 1709	CAMUS	LN #5	MADIO	DN WI
Please check the appropriate boxes	s:			1
Support	□ Oppose		Neither Suppor	rt Nor Oppose
Wish to speak (3 min. limit)	☐ Wish to speak	K (3 min. limit)	☐ Wish to spea	ak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish t	to speak	☐ Do not wish	
☐ Available to answer question	ns	answer questions		answer questions
At this meeting are you representing (If you answered "no," STOP; you need to	not complete the rest of th	nis form. If you answere	yourself:  Yes	XINO
Name, address and telephone number (	of each person or organi	zation you are represe	enting:	1
Are you being paid for your representation	n?		☐ Yes	No
Are you appearing as part of your other pa (If you answered "no" to both these quest If you answered "yes," please continue.)	aid duties for this person of tions, STOP. You need no	or organization? It complete the rest of the	☐ Yes nis form.	No
Are you an elected official or employee w for your municipality or other government (If you answered "yes" to the question, S' that you must sign this form. If you answer	tal body? <b>TOP.</b> You need not comple	ete the rest of this form	☐ Yes	(X) No
If you are being paid for your representation	on, or if your appearance	is part of other paid dut	ies, please be advised	d that:
1. Before you engage in lobbying as a lo				
2. Your principal is not permitted to auth	norize you to lobby unless	s the principal is registe	red with the City Cle	rk.
3. If your principal spends or will owe magnification principal must file expense statements	nore than \$1,000 for lobby	ving services in any ren	orting pariod (saland	ar six months), the
(Please go to the City Clerk's website www. County Building, Madison, for more inform	<u>v.cityofmadison.com/cler/</u> mation.)	k/index.html or go to the	e Clerk's Office at Ro	oom 103 of the City-
Date 10/14/2019	Signature	DiRus		

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YOUR ADDRESS   5204   Street   Dr   Fitchburg   STATE   19   19   19   19   19   19   19   1			396			
Please check the appropriate boxes:    Support			10/14/19			
Support	YOUR ADDRESS 5204 St	tmeman Dr Fitchburg WI	53711			
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 "yes," please continue.)  Are you an elected official or employee who is appearing solely on behalf of your office or for your unnicipality or other governmental body? □ Yes □ No  If you answered "yes " to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)  If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:  1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.  2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.  3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.  (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	Support	□ Oppose □	Neither Support Nor Oppose			
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Date 10/14/19 Signature Way Stampfle	(Please go to the City Clerk's website www.c. County Building, Madison, for more information	ityofmadison.com/clerk/index.html or go to th	e Clerk's Office at Room 103 of the City-			
	Date 10/14/19	Signature Way Stampfli				

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC
YOUR NAME Domings Figures DATE 6/19
YOUR ADDRESS 1704 Carn #5 Madison, Lit
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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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.
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Date 0/10 Signature Signature

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AGENDA ITEM NO. 7 17 SU	BJECT/ADDRESS/TOPIC \$	254 La Mendet	· Dall
YOUR NAME MITCHING	Olan D	TE 10-14-	19
YOUR ADDRESS Ayles Law	Firm 28. M: F. 41.	in St Medis	an, WT
Please check the appropriate boxes:		Marie Barrier	
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 question	ns	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 an	swered "yes," go on to the ne	☐ No xt questions.)
	ch person or organization you are re	epresenting:	
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? c, STOP. You need not complete the res	est 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	Yes form except	₩ <sub>No</sub>
If you are being paid for your representation, or	or if your appearance is part of other pa	id duties, please be advised th	aat:
<ol> <li>Before you engage in lobbying as a lobby</li> <li>Your principal is not permitted to authoriz</li> <li>If your principal spends or will owe more principal must file expense statements with</li> </ol>	ze you to lobby unless the principal is r than \$1,000 for lobbying services in a	registered with the City Clerk.	
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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 5454 LAKE MENDOTA				
YOUR NAME DAVID SHERLIFF DATE 10/14/19				
YOUR ADDRESS 5404 LAKE MENDOTA DICIVE				
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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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 5454 L	ake Mo	Mota Dr		
YOUR NAME HESMAN FOLSTEPHAUSEN DATE 10-	14-19	7		
YOUR ADDRESS 1009 MONTH Spring Pol, SNOW	lison			
Please check the appropriate boxes:	,,			
Oppose  Neither	Support I	Nor Oppose		
Wish to speak (3 min. limit) Wish to speak (3 min. limit) Ush	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		
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AGENDA ITEM NO. 13	SUBJECT/ADDRESS/TOPIC _	\$00°	5454	Lake Mess	
YOUR NAME Sally	Miley	DATE _/	0/14/19	121	
YOUR ADDRESS 5400	Lake Menditz	DV			
Please check the appropriate boxes					
☐ Support	□ Oppose	□Ne	either Support	Nor Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. lim	rit)	Wish to speak	(3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak		Do not wish to	speak	
☐ Available to answer question	ns	tions $\Box$	Available to a	nswer questions	
At this meeting are you representin (If you answered "no," STOP; you need r	g an organization or a person oth not complete the rest of this form. If you	ner than you answered "y	urself:	No next questions.)	
Name, address and telephone number o	f each person or organization you ar	e representin	ıg:		
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 quests If you answered "yes," please continue.)	id duties for this person or organization ions, STOP. You need not complete the	n? e rest of this fo	Yes orm.	Ø No	
Are you an elected official or employee who for your municipality or other government (If you answered "yes" to the question, ST that you must sign this form. If you answer	al body? T <b>OP.</b> You need not complete the rest of	this form exce	□ Yes	<b>⊅</b> No	
If you are being paid for your representation	on, or if your appearance is part of other	r paid duties,	please be advised	that:	
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Date	Signature				

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Please check the appropriate boxes:    Support	YOUR NAME CARRYOUR ADDRESS 5400	BJECT/ADDRESS/TOPIC 5950  MILL DATE  DATE	4 Lak 10/(1	12 M	endota D
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not wish to speak □ Available to answer questions □ Available to answer questions  At this meeting are you representing an organization or a person other than yourself: □ Yes ○ 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:	Please check the appropriate boxes:				
□ Do not wish to speak □ Do not wish to speak □ Do not wish to speak □ Available to answer questions □ Available to answer questions  At this meeting are you representing an organization or a person other than yourself: □ Yes □ No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)  Name, address and telephone number of each person or organization you are representing:	☐ Support	☑ Oppose □	Neither	Support :	Nor Oppose
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:	☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish	to speak	(3 min. limit)
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	(If you answered "no," <b>STOP</b> ; you need not c	complete the rest of this form. If you answered	d "yes," go	Yes on to the no	No ext questions.)
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	Are you being paid for your representation?			☐ Yes	<b>M</b> ,No
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AGENDA ITEM NO. 3 SU	BJECT/ADDRESS/TOPIC 545	4 Lake Wendota Dr.		
YOUR NAME JAMARA E	naland DAT	E_10/14/2019		
YOUR ADDRESS 5148 Sprin	ig Of Madism 53705			
Please check the appropriate boxes:				
□ Support	D Oppose	☐ Neither Support Nor Oppose		
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not of	on organization or a person other that complete the rest of this form. If you answe	an yourself: Yes No		
Name, address and telephone number of ea	nch person or organization you are repr	esenting:		
And you hain a maid for your removementation?		☐ Yes ☐ No		
Are you being paid for your representation?				
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AGENDA ITEM NO. 13 SU	JBJECT/ADDRESS/TOPIC	5554 LA	KE MENDOTA DR	
YOUR NAME CON DEVICE BUISCH CHANGE BUISCH DATE 10/14/2019				
YOUR ADDRESS 5511 lake Mondota Dr.				
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither Sup	oport Nor Oppose	
Wish to speak (3 min. limit)	Wish to speak (3 min. limit)		speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not w	vish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Availabl	e to answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other the complete the rest of this form. If you answ	an yourself:	Yes \(\sum_{No}\)	
Name, address and telephone number of ea	ach person or organization you are rep	esenting:	o me nem questions.)	
Are you being neid for your name of the D				
Are you being paid for your representation?		_	Yes No	
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AGENDA ITEM NO. (Subject/Address/Topic	5454 LAKEMENDOTA DIC			
	TE 10/14/19			
YOUR ADDRESS 5758 LAKE MENDOTH 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 question	as  Available to answer questions			
At this meeting are you representing an organization or a person other to (If you answered "no," STOP; you need not complete the rest of this form. If you answered "no," and the state of this form.	swered "yes," go on to the next questions.)			
Name, address and telephone number of each person or organization you are re	presenting:			
Are you being paid for your representation?	☐ Yes ☐ No			
Are you appearing as part of your other paid 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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### 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 SUBJ	JECT/ADDRESS/TOPIC	5454	Colice	mondot.
YOUR NAME DOG CON!	A CONTRACTOR OF THE PARTY OF TH	ГЕ / () -	-14-19	
YOUR ADDRESS 5445	Lake mendota	- De		
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)		to speak (3)	
	☐ Do not wish to speak		ot wish to sp	
☐ Available to answer questions ☐	Available to answer questions			ver questions
At this meeting are you representing an of (If you answered "no," STOP; you need not com	organization or a person other th	an vourself	□ Vac	□ No
Name, address and telephone number of each	person or organization you are repr	resenting:	m to the new y	[uesitons.j
Are you being paid for your representation?			☐ Yes	□ No
Are you appearing as part of your other paid duties for this person or organization?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)				
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Date 10-14-19 Signa	ature Do Carl			

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1/2				
	ADDRESS/TOPIC	5454	LMD	DEMO & Con
YOUR NAME STRUMM FULL	156N	DATE /0/	14/19	
YOUR ADDRESS 1737 CAME	LOT DR	'		
Please check the appropriate boxes:				
☐ Support ☐ Oppos	se	□ Neithe	er Support I	Nor Oppose
☐ Wish to speak (3 min. limit) ☐ Wish	to speak (3 min. lin	nit) 🔲 Wi	sh to speak	(3 min. limit)
☐ Do not wish to speak ☐ Do n	ot wish to speak	□ Do	not wish to	speak
☐ Available to answer questions ☐ Avai	lable to answer que	stions	ailable to an	swer questions
At this meeting are you representing an organiz (If you answered "no," STOP; you need not complete the	e rest of this form. If yo	u answered "yes,"	f:  Yes go on to the ne	☐ No ext questions.)
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 duties for the (If you answered "no" to both these questions, <b>STOP</b> . You answered "yes," please continue.)	is person or organization need not complete th	on? se rest of this form.	☐ Yes	<b>⊠</b> No
Are you an elected official or employee who is appearing for your municipality or other governmental body? (If you answered "yes" to the question, <b>STOP.</b> You need that you must sign this form. If you answered "no" to the	not complete the rest o	f this form excent	☐ Yes	No
If you are being paid for your representation, or if your a	ppearance is part of oth	er paid duties, pleas	e be advised th	nat:
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3. If your principal spends or will owe more than \$1,00 principal must file expense statements with the City	0 for lobbying services Clerk for the remaining	in any reporting pe quarters of the cale	riod (calendar endar year.	six months), the
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Anda Ass

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AGENDA ITEM NO. 5436 SUBJECT/ADDRESS/TOPIC 5454 Land Mendota DV.				
YOUR NAME Kim Vergero	nt y Andy Cohn DATE	10/14/	19	
YOUR ADDRESS 55/7 /	ake Mendota Durut	ė	3	
Please check the appropriate boxes:				
☐ Support	□ Oppose □	Neither Su	pport N	or Oppose
☐ 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 v		
☐ Available to answer questions	Available to answer questions			wer questions
At this meeting are you representing a	an organization or a person other than	vourself:	) Yes	No
(If you answered "no," STOP; you need not	complete the rest of this form. If you answere	ed "yes," go on	to the nex	t questions.)
Name, address and telephone number of ea	ach person or organization you are represe	enting:		
Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid 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 S	Signature			

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AGENDA ITEM NO. 13 SU	JBJECT/ADDRESS/TOPIC 54	154 / MD.
	larta DAT	E_ 10/14/2019
YOUR ADDRESS 5511 Lake		
Please check the appropriate boxes:		
□ Support	Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
☐ Do not wish to speak	∠ Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answe	an yourself: Yes No ered "yes," go on to the next questions.)
Name, address and telephone number of ea	ich person or organization you are repr	esenting:
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid 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	f this form.
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP 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	or if your appearance is part of other paid of	duties, please be advised that:
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an author	orization with the City Clerk.
2. Your principal is not permitted to authorize	ze you to lobby unless the principal is regis	stered with the City Clerk.
3. If your principal spends or will owe more	than \$1,000 for lobbying services in any reth the City Clerk for the remaining quarters	
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Date 10 14 point s	Signature	

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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 5474 Lake Mendota Dr.				
YOUR NAME AMY MICKLES DATE 10/14/19				
your address 5458 Lake Mendota Dr., Magison, WT				
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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AGENDA ITEM NO. 5434 (SU.	BJECT/ADDRESS/TOPIC	5454 LA	nD				
YOUR NAME KEITH F	rman	DATE 10	114/1	9			
YOUR ADDRESS 5328 LA	KE MENDOTA	DRIVE					
Please check the appropriate boxes:							
□ Support	☐ Oppose	□ Neither	<b>Neither Support Nor Oppose</b>				
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. li	imit) 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	uestions					
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Are you being paid for your representation?			☐ Yes	No			
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Date 10/14/2019 Signature							
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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 5454 LAKE men tota Dry								
YOUR NAME Fauts 5 topatrict DATE 10/14/19								
YOUR ADDRESS 5156 Spang G								
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 S	ignature		1.7					

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