PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 4/5/6 SUBJECT/ADDRESS/TOPIC MILWAUKEE ST. MF

YOUR NAME BRIAN MUNSON DATE OCT. 28, 2019

YOUR ADDRESS 120 EAST LAKESIDE 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:

KCG DEVELOPMENT
9383 N. MERIDIAN STREET, INDIANAPOLIS, IN

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
*(If you answered "yes" to the question, **STOP.** You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)*

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

Date OCT. 28, 2019 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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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.
4. The Commission is appointed to represent not only those present at the hearing but all citizens. The Plan Commission is advisory to the Common Council on rezoning and subdivision plat matters. On conditional use permits and demolition permits, the Commission makes the final decision after holding a public hearing to consider all facts applicable to the application.

PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 4/5/6 SUBJECT/ADDRESS/TOPIC THE MEADOWLANDS

YOUR NAME MATT GILHOOLY DATE 10/28/2019

YOUR ADDRESS 9333 N. MERIDIAN ST., STE. 230, INDIANAPOLIS, IN 46260

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:

KCG DEVELOPMENT, LLC — SAME AS ABOVE

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 10/28/2019 Signature

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 4, 5 & 6 SUBJECT/ADDRESS/TOPIC 6810 Milwaukee St

YOUR NAME Ron Trachtenberg DATE 10/26/19

YOUR ADDRESS 2501 Parmenter St. Middleton

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:

James Hovde
1314 Manchester Trail

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 10/26/19 Signature Ron Trachtenberg

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 4/5/6 SUBJECT/ADDRESS/TOPIC 610 W Washington St

YOUR NAME Jim Hovde DATE 10/26/19

YOUR ADDRESS 1314 ~~Madison~~ Manassas Trail, Mad, 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

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 10/28/2020 Signature

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 4.5, 46 SUBJECT/ADDRESS/TOPIC THE MEADOWLANDS

YOUR NAME ERIC MARING DATE 10/28/19

YOUR ADDRESS 316 MORRIS AVE, SUITE 410 MUSKEGON, MI 49534

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:

KLG DEVELOPMENT
9333 NORTH MERIDIAN STREET, INDIANAPOLIS, IN

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 10/29/2019 Signature

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 4,5,6 SUBJECT/ADDRESS/TOPIC General Ordan Meadowlands Dev.

YOUR NAME Cheryl Solaris DATE 10/28/19

YOUR ADDRESS 208 Shady Leaf Rd. 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

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 10/28/19 Signature Cheryl Solaris

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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4-6

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 56461 SUBJECT/ADDRESS/TOPIC THE MEADOWLANDS

YOUR NAME Paul Anderson DATE 10/28/19

YOUR ADDRESS 7132 Reston Heights Dr. 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

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. 4-6 SUBJECT/ADDRESS/TOPIC General Ordinances

YOUR NAME Laura Pitt DATE 10/28/19

YOUR ADDRESS 6952 Reston Heights Drive

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 10/28/19 Signature Laura E Pitt

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 56462, 56463 SUBJECT/ADDRESS/TOPIC 1 Windstone Drive Apt.

YOUR NAME Chukad Sarah Okafor DATE Oct. 28, 2019

YOUR ADDRESS 7120 Reston Heights Dr 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

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 10/28/19 Signature Sarah Okafor

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.
2. Public Hearing items may be called at any time after the beginning of the public hearing. The Plan Commission uses a consent agenda, which means that the Commission can consider any item at 6:00 p.m. where there are no registrants wishing to speak in opposition regardless of its placement on the agenda.
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.
4. The Commission is appointed to represent not only those present at the hearing but all citizens. The Plan Commission is advisory to the Common Council on rezoning and subdivision plat matters. On conditional use permits and demolition permits, the Commission makes the final decision after holding a public hearing to consider all facts applicable to the application.