PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14#5 SUBJECT/ADDRESS/TOPIC 9910 Peach Leaf Ln.

YOUR NAME Cari Fuss DATE 6/10/19

YOUR ADDRESS 5024 St. Annes Dr. Middleton 53597

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
*(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.)

Date 6/10/19 Signature Cari Fuss

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.

PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 14&15 SUBJECT/ADDRESS/TOPIC 9910 Peach Leaf Lane

YOUR NAME Chad Wiesbken DATE 6/10/19

YOUR ADDRESS 6840 Schneider 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

*(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 6/10/19 Signature _____

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