18419 AGENDA ITEM NO. 44 YOUR NAME DATE > YOUR ADDRESS Please check the appropriate boxes: ☑ Support ☐ Oppose ☐ Neither Support Nor Oppose Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Do not wish to speak Do not wish to speak ☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions At this meeting are you representing an organization or a person other than yourself: \(\simega\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing: COAL GIVA Are you being paid for your representation? Yes Yes ☐ No Are you appearing as part of your other paid duties for this person or organization? V 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 W No for your municipality or other governmental body? ☐ Yes (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk, Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk, If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year. (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date 100570 Signature

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AGENDA ITEM NO. 18 19 SU	BJECT/ADDRESS/TOPIC <u>500</u>	6 Ham	meisle	y Rd.	
YOUR NAME David Kell		6/10	/19		
YOUR ADDRESS 1602 WWW	ton Drive. Madier	1 /			
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 no	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	lable to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not o	n organization or a person other than complete the rest of this form. If you answere	yourself: ed "yes," go	☐ Yes on to the ne	No ext questions.)	
Name, address and telephone number of ea	ich person or organization you are repres	enting:			
			Dv	□No	
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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10/0	F.A.	at 11 1
AGENDA ITEM NO. 18 SU	BJECT/ADDRESS/TOPIC 50	De Stermersley
YOUR NAME LIVEDA DON	106Helf DAT	E 4/10/2019
YOUR ADDRESS 4911 U	Thitcomb Dr. Apt	2 Modeson M-53
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 o	n organization or a person other the complete the rest of this form. If you answ	an yourself:  Yes No ered "yes," go on to the next questions.)
Name, address and telephone number of ea	ch person or organization you are repr	esenting:
Are you being paid for your representation?		□ Yes XNo
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	of this form.
Are you an elected official or employee who for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	orm except
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County Building, Madison, for more informat	ityofinadison.com/clerk/index.html or go within the signature with the	to the Clerk's Office at Room 103 of the City-
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18

### PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC		
YOUR NAME	NIC POWER DA	ATE 6-10 -18	
YOUR ADDRESS 4914	Whiteonb Dr	88 MADISON	63711
Please check the appropriate boxes:			
Support	☐ Oppose	☐ Neither Support Nor O	ppose
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	questions
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you an	nswered "yes," go on to the next ques	177
Name, address and telephone number of ea	nch 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.)	duties for this person or organization? s, STOP. You need not complete the re.	est of this form.	No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of thi	is form except	No
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	REGISTRATION FORM	Da	endet 10	
ACENDA ITEMNIO	BJECT/ADDRESS/TOPIC	a 00 1 45	5460	
	2 (210 DATE	6-10-1	G	
YOUR NAME 2012 1-	Star The DATE	0 10 1		
YOUR ADDRESS 523	Court & Acce			
Please check the appropriate boxes:				
		Neither Support No	2.2	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3	5-0	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to s	peak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not			No-t questions.)	
Name, address and telephone number of ea	ach person or organization you are represe	nting:		
Are you being paid for your representation?		☐ Yes	□No	
Are you appearing as part of your other paid duties for this person or organization?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)				
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If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised tha	nt:	
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AGENDA ITEM NO. 18+19 SU	BJECT/ADDRESS/TOPIC				
YOUR NAME JOHN BAK	DAT	E 6 -	10-19	?	
YOUR ADDRESS 4929 W	MITCOMB Dr #	12			
Please check the appropriate boxes:					
Support	□ Oppose	□ Neither	Support I	Nor Oppose	
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	□ Do n	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	lable to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answ	ered "yes," go		No ext questions.)	
Name, address and telephone number of ea	ach person or organization you are repi	esenting:			
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Date 6-10-19 Signature Jahn H B Why					

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AGENDA ITEM NO. 18, 19 SUI	BJECT/ADDRESS/TOPIC 5004	Hammersley k	Ed., Re-Zona		
YOUR NAME Chuck S	teinhauer DAT	E6/10/19	THE LAND		
YOUR ADDRESS 58 Camb	vidge R. Malison	, wi 5370	4		
Please check the appropriate boxes:					
□ Support □	□ Oppose	☐ Neither Support N	or Oppose		
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (	3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer questions		
At this meeting are you representing at (If you answered "no," STOP; you need not of			☐ No xt questions.)		
Name, address and telephone number of ea	ch person or organization you are repr	esenting:			
Are you being paid for your representation?		☐ Yes	⊠-No		
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC SUPPLIES OF THE YOUR NAME SUBJECT/ADDRESS/TOPIC SUPPLIES OF THE YOUR ADDRESS SUBJECT ADDRESS SUPPLIES OF THE YOUR ADDRESS S	
YOUR ADDRESS 5 102 Ray Mark Mark Please check the appropriate boxes:    Support	
Please check the appropriate boxes:    Support	YOUR NAME MIKE Thomsen DATE 6-10-19
Support    Oppose	YOUR ADDRESS 5402 Raymond Rd Madein
Wish to speak (3 min. limit)  Do not wish to speak  Available to answer questions  At this meeting are you representing an organization or a person other than yourself:  Yes No (If you answered Yo, "ISTOP; 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:  Now and you appearing as part of your other paid duties for this person or organization?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)  Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  (If you answered "yes," to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)  If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:  1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with 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.pomostlerk/index-ktml or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	Please check the appropriate boxes:
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Name, address and telephone number of each person or organization you are representing:    Name, address and telephone number of each person or organization you are representing:   Name, address and telephone number of each person or organization you are representing:   Name, address and telephone number of each person or organization you are representing:   Name, address and telephone number of each person or organization you are representing:   Name, address and telephone number of each person or organization you are representing:   Yes	☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions
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## 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.

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AGENDA ITEM NO. 55460 SU	BJECT/ADDRESS/TOPIC	5006 HA	MMER	SCEY RE-S
YOUR NAME THERESA	DRINKA D	ATE 6/10	119	<u> </u>
YOUR ADDRESS / 303 (	GILBERTAD	31 to (21)		
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither S	upport No	or Oppose
Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish t	o speak (3	min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not	wish to s	peak
☐ Available to answer questions	☐ Available to answer question	ons 🗖 Availa	ble to ansv	wer questions
At this meeting are you representing a				X No
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(Please go to the City Clerk's website www.c County Building, Madison, for more information	ityofmadison.com/clerk/index.html or tion.)	go to the Clerk's Off	ice at Room	103 of the City-
Date 69/10/19	Signature Heresa	Wrinka	N T	

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AGENDA ITEM NO	SUBJECT/ADDRESS	TOPIC 53	A LIVERTY AND LIVE AND LIVE AND LIVER AND LIVE	HAMMERSLEY	RD
YOUR NAME COUN	CONN	DATE	6-10.	-/7	
YOUR ADDRESS 54	10 FLAD AVE	MADISON,	WI 53	7/1	
Please check the appropriate bo	oxes:				
□ Support	□ Oppose		Neither Sup	port Nor Oppose	e
☐ Wish to speak (3 min. lin	nit) X Wish to speak (	(3 min. limit)	☐ Wish to	speak (3 min. limit,	)
☐ Do not wish to speak	Do not wish to	speak	☐ Do not v	vish to speak	
☐ Available to answer ques	stions	swer questions	☐ Availabl	e to answer questi	ons
At this meeting are you represe (If you answered "no," STOP; you no					
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Are you being paid for your represent	ation?			Yes 💆 No	
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Are you an elected official or employ for your municipality or other govern (If you answered "yes" to the questio that you must sign this form. If you are	mental body? n, <b>STOP.</b> You need not complete	e the rest of this form	except	Yes MNo	
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2. Your principal is not permitted to	authorize you to lobby unless t	the principal is registe	red with the Ci	ty Clerk.	
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(Please go to the City Clerk's website County Building, Madison, for more i Date <u>6-10-19</u>	www.cityofmadison.com/clerk/information.)  Signature	findex.html or go to the	e Clerk's Office	e at Room 103 of the C	City-

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YOUR NAME MARY SCHAUF DATE 06-10-3019  YOUR ADDRESS \$\frac{\text{SUP} \text{MAWW} \text{CEY} \text{RD}}{\text{Popose}}  Please check the appropriate boxes:  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc	AGENDA ITEM NO. 18/19 SU	BJECT/ADDRESS/TOPIC 500	6 HAMM	ERSCE	y RD.	
Please check the appropriate boxes:    Support						
□ Support □ Wish to speak (3 min. limit) □ Do not wish to speak (3 min. limit) □ Do not wish to speak □ Do not wish to speak (3 min. limit) □ Do not wish to speak □ Do not the next questions.)  Are you answered "no" to both these questions, STOP. You need not complete the rest of this form. □ Yes □ No □ Yes □ Yes □ No □ Yes □ No □ Yes □ Yes □ No □ Yes	YOUR ADDRESS S/10 HAM	MERSLEY RD				
Wish to speak (3 min. limit)  □ Do not wish to speak □ 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 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.)	Please check the appropriate boxes:					
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	Date 06-10-2019	Signature MASC	1			

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		1 6 -				
AGENDA ITEM NO. 55460 SI	JBJECT/ADDRESS/TOPIC _ +	mressing Road Zoning				
YOUR NAME OOIL 19	354MAINSEY BOANDAT	E 6/10/19				
YOUR ADDRESS 5409	HAMMERSLET R	0				
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 (If you answered "no," STOP; you need not						
Name, address and telephone number of o	each person or organization you are repr	esenting:				
Are you being paid for your representation?		□ Yes └□ No				
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REGISTRATION FORM AGENDA ITEM NO. JOSEP YOUR NAME DATE YOUR ADDRESS Please check the appropriate boxes: Oppose ☐ Support ☐ Neither Support Nor Oppose ☐ Wish to speak (3 min. limit) Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak ☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions At this meeting are you representing an organization or a person other than yourself: \(\simega\) Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? ☐ Yes (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. 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 (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year. (Please go to the City Clerk's website www.cityofmadison.com/flerk/index.htmll or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date Signature

PLAN COMMISSION

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Please check the appropriate boxes:    Support	AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC	1 1 2 1 2	200
Please check the appropriate boxes:    Support	YOUR NAME (NO)	DATE DATE	6/10/12	12017
□ Support □ Oppose □ Neither Support Nor Oppose □ 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:  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? (If you answered "yes," please continue.)  Are 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.cityofinadison.com/cleft/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	YOUR ADDRESS 5221	HAmnersky R	911	
□ Wish to speak (3 min. limit) □ Wish to speak (3 min. limit) □ Do not wish to speak (3 min. limit) □ Do not wish to speak □ Do not wish	Please check the appropriate boxes:	V		
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County Building, Madison, for more information.)				six months), the
	County Building, Madison, for more informat	ion.)	the Clerk's Office at Room	n 103 of the City-

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

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AGENDA ITEM NO.55460SU	JBJECT/ADDRESS/TOPIC _ 🐴 - :	PLEX VARZ	SMC 35/13
YOUR NAME BOUCE B	ENEPIELD DATE	6/10/1	9 / 1200
YOUR ADDRESS 5214.	Hannersley t	2D''	
Please check the appropriate boxes:			
□ Support	Oppose	Neither Suppo	ort Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to spe	eak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish	h to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available t	o answer questions
At this meeting are you representing (If you answered "no," STOP; you need not	an organization or a person other that complete the rest of this form. If you answer	yourself: 4 Ye	es No he next questions.)
Name, address and telephone number of e	ach person or organization you are repres	enting:	
Are you being paid for your representation?		□ Ye	es 🔲 No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? as, STOP. You need not complete the rest of the state of	his form.	es 🔲 No
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	ize you to lobby unless the principal is regist		NAME OF THE OWNER OWNER OF THE OWNER OWNE
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(Please go to the City Clerk's website www.c County Building, Madison, for more informa	ityofmadison.com/clerk/index.html or go to t tion.)	he Clerk's Office at	Room 103 of the City-
Date	Signature		

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# PLAN COMMISSION REGISTRATION FORM

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Please check the appropriate boxes:	, manifest of				
	Oppose	□ Neither S	Support 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 no	ot wish to s	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to ans	wer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other th	an yourself:	☐ Yes	□ No	
Name, address and telephone number of ea			on to the nex	t questions.)	
Are you being paid for your representation?			☐ Yes	4 No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	f this form.	☐ Yes	☑ No	
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	rm except	☐ Yes	No	
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<ol> <li>If your principal spends or will owe more principal must file expense statements wi</li> </ol>	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarter	reporting periors rs of the calend	d (calendar s ar year.	ix months), the	
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DateS	Signature Matthe Mills				

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10/104		1 1	
AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC	Tammersley Rd.	
YOUR NAME VOO VIVLUEV	BECKMAN DAT	E 06/10/19 J	
YOUR ADDRESS JILLY LO	ruth Terv		3
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	3
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 No ered "yes," go on to the next questions,)	
Name, address and telephone number of ea	ach person or organization you are repr	resenting:	
Are you being paid for your representation?		☐ Yes → No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	D Ves DVNo	
Are you an elected official or employee who for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	Yes No	
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(Please go to the City Clerk's website www.ci County Building, Madison, for more informat.	tyofmadison.com/clerk/index.html or go to	o the Clerk's Office at Room 103 of the City-	
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AGENDA ITEM NO. 18-19 SUI	BJECT/ADDRESS/TOPIC 500	De Hannersly
YOUR NAME Swi Petta	DAT	E 6.10-19
YOUR ADDRESS 1218 L	oruth Terraco	madesa
Please check the appropriate boxes:		
□ Support	<b>4</b> 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		
Name, address and telephone number of ea	ch person or organization you are rep	esenting:
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	of 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	ody? P. You need not complete the rest of this fo	orm except Yes
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AGENDA ITEM NO. 18/19 SU	JBJECT/ADDRESS/TOPIC _	5006 HAMMER	SLEY BO MOWON		
YOUR NAME ANN JURA	JER 1	DATE 06-10-	2019		
YOUR ADDRESS 5110 HAN	MMERSLEY RO	MADISON			
Please check the appropriate boxes:					
□ Support	Oppose	☐ Neither Suj	pport Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limi	(t) Wish to	speak (3 min. limit)		
☐ Do not wish to speak	Do not wish to speak	☐ Do not v	wish to speak		
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At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you	answered "yes," go on	Yes \int No to the next questions.)		
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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?  (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 check the appropriate boxes:    Support	AGENDA ITEM NO. 50 460 SUBJECT/ADDRESS/TOPIC 5006 Hammers len Ed					
Please check the appropriate boxes:    Support	YOUR NAME MASY PEISTER DATE 10/19					
Please check the appropriate boxes:    Support	YOUR ADDRESS 5005 H	KS psersonna				
□ Wish to speak (3 min. limit) □ Do not wish to speak □ Available to answer questions  At this meeting are you representing an organization or a person other than yourself: □ Yes □ No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)  Name, address and telephone number of each person or organization you are representing:  Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)  Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes," to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)  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.cirvofinadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)	Please check the appropriate boxes:					
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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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
County Building, Madison, for more information.)	<ol> <li>If your principal spends or will owe more principal must file expense statements wi</li> </ol>	than \$1,000 for lobbying services in any re th the City Clerk for the remaining quarters	eporting period (calendar of the calendar year.	six months), the		
Date Signature	(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informati	tyofmadison.com/clerk/index.html or go to ion.)	the Clerk's Office at Roc	om 103 of the City-		
	Date S	Signature				

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AGENDA ITEM NO. 18 SU	BJECT/ADDRESS/TOPIC	AMMERSLEY 4 PLEX	7		
YOUR NAME RSQ (A	Jombretter DAT		`		
YOUR ADDRESS 530°	7 Tours And Dec	10/2017	2		
	10cmm jer		i.		
Please check the appropriate boxes:					
□ Support	<b>□</b> 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	nn organization or a person other the complete the rest of this form. If you answe	an yourself: Yes No No ered "yes," go on to the next questions.)			
Name, address and telephone number of ea					
			_		
			_		
Are you being paid for your representation?		☐ Yes ☐ No			
Are you appearing as part of your other paid duties for this person or organization?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)					
Are you an elected official or employee who for your municipality or other governmental has an elected "yes" to the question, STOR that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	rm except			
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised that:			
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an auth	norization with the City Clerk.			
2. Your principal is not permitted to authori	ze you to lobby unless the principal is reg	istered with the City Clerk.			
3. If your principal spends or will owe more principal must file expense statements with the statement of t	than \$1,000 for lobbying services in any the City Clerk for the remaining quarter	reporting period (calendar six months), the rs 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 6/10/2019	Signature Pohotohou	-II			

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 18 SU	BJECT/ADDRESS/TOPIC REZ	ONE 5	006	Harnesol	
YOUR NAME TOM Mc	KENNA DATE	6-10	-2010	7	
YOUR ADDRESS 5006 W					
Please check the appropriate boxes:					
□ Support	□ Oppose □	Neither S	upport No	or Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish t	to speak (3	min. limit)	
☐ Do not wish to speak	Do not wish to speak	☐ Do not	t wish to s	peak	
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	ble 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 answer	ed "yes," go o	Yes Yes on to the next	No t questions.)	
Are you being paid for your representation?			☐ Yes	■ No	
Are you appearing as part of your other paid of (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of t	his form.	☐ Yes	<b>❷</b> No	
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this forn	n except	☐ Yes	PNo	
If you are being paid for your representation,	or if your appearance is part of other paid du	ities, please be	advised tha	it:	
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an autho	rization with t	he City Cler	k.	
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.					
<ol> <li>If your principal spends or will owe more principal must file expense statements wi</li> </ol>	than \$1,000 for lobbying services in any re th the City Clerk for the remaining quarters	porting period of the calenda	(calendar si r year.	x months), the	
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Date S	Signature				

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AGENDA ITEM NO. 18. 19 SU	JBJECT/ADDRESS/TOPIC Ha	numersly RA Zoning	Change	
YOUR NAME Marganet Ro.	arle Pariet Edlebeck I	DATE 66. 69.19	V	
	tammersley Rd			
Please check the appropriate boxes:				
□ Support	<b>△</b> 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 questi	ons	wer questions	
At this meeting are you representing (If you answered "no," STOP; you need not	an organization or a person other complete the rest of this form. If you a	or than yourself: 🏻 Yes Inswered "yes," go on to the nex	(A) No	
Name, address and telephone number of e	each person or organization you are 14 Hammers on the 2.615.6162	representing: Madison (husb	and)	
92	0.675.6162			
Are you being paid for your representation?		☐ Yes	№ No	
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)			⊠ No	
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? PP. You need not complete the rest of the	his form 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:	
1. Before you engage in lobbying as a lobb	pyist, you or your principal must file an	authorization with the City Cle	rk.	
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.				
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.				
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 06.10.19	Signature Wymrut Ju	use Rown		
		v		

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC 5006 Ham mersley Rd				
YOUR NAME James + Sava Brown DATE 6/10/19				
YOUR ADDRESS 5102 Hamdonsley Rd				
Please check the appropriate boxes:				
□ Support □ Neither Support Nor Oppose				
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)				
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak				
☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer question	ns			
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Are you being paid for your representation?				
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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?  (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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 6/10/11 Signature	_			

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		06 Hamme	evsley Rd.			
YOUR NAME Lesh & Mark Supensky DATE 6/10/19						
YOUR ADDRESS 5210 Hammers ley Rd.						
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	3 min. limit)			
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to s	peak			
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	wer questions			
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you answer	ed "yes," go on to the nex	□ No et questions.)			
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If you are being paid for your representation,	or if your appearance is part of other paid du	uties, please be advised that	at:			
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Date	Signature					

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AGENDA ITEM NO. <u>55440</u> SU	BJECT/ADDRESS/TOPIC	Conditional U	se /Rezo	ning 5006	
YOUR NAME Barbara K	Coykkar	DATE 6-			
YOUR ADDRESS 5205 Ha	mmersley Rd.				
Please check the appropriate boxes:					
□ Support	☑ Oppose	□ Neithe	r 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 not wish to speak	□ Do	not wish to	speak	
☐ Available to answer questions	☐ Available to answer que	estions	ailable 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	complete the rest of this form. If ye	ou answered "yes,"	f: Yes go on to the ne	☑ No ext 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 organizati s, STOP. You need not complete to	on? he rest of this form.	☐ Yes	☑ No	
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest o	of this form except	☐ Yes	⊠ No	
If you are being paid for your representation,	or if your appearance is part of oth	ner paid duties, pleas	se be advised tl	nat:	
1. Before you engage in lobbying as a lobby	yist, you or your principal must file	an authorization w	ith the City Cle	erk.	
2. Your principal is not permitted to authori					
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(Please go to the City Clerk's website www.ci County Building, Madison, for more informat	ion.)		Office at Room	m 103 of the City-	
Date	Signature Barbara	Kozla			

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

(r done rearings normally begin at 0.00 p.m. or shortly thereafter)

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	AND	11 101			
AGENDA ITEM NO. 18+19 SU	BJECT/ADDRESS/TOPIC	5006 Hammersley Kd			
YOUR NAME hell K	egehr DAT	TE 6/10/19			
YOUR ADDRESS 5013	Hammersley Pa				
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 of	n organization or a person other the complete the rest of this form. If you answ	nan yourself: Yes No			
Name, address and telephone number of ea					
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THE RESIDENCE OF THE PARTY OF T		to any	-		
Are you being paid for your representation?		☐ Yes ☐No			
Are you appearing as part of your other paid of (If you answered "no" to both these questions. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	of this form.			
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	orm except Yes No			
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	BJECT/ADDRESS/TOPIC 5006	Agmme	ersly	Rd
YOUR NAME BOS GOSSE		6/10	1 20	19
YOUR ADDRESS 1710 L	oruth Ter, madison	IW	5371	
Please check the appropriate boxes:				
□ Support	<b>∑</b> Oppose □	Neither Su	pport No	r Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to	speak (3	min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not v	wish to sp	eak
☐ Available to answer questions	☐ Available to answer questions	☐ Availab	le to ansv	ver questions
At this meeting are you representing a (If you answered "no," STOP; you need not of				No questions.)
Name, address and telephone number of ea	ich person or organization you are represe	nting:		
Are you being paid for your representation?			Yes	™ No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)			l Yes	No No
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? P. You need not complete the rest of this form	except	Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid dut	ies, please be a	advised that	:
<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> <li>Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.</li> <li>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.</li> </ol>				
(Please go to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date 6 10 20 19 Signature				

### 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. 18/19 SU	BJECT/ADDRESS/TOPIC 55	58029 and 554ton			
YOUR NAME TO BECKMEN DATE OU 10/19					
YOUR ADDRESS 1213 Conth Tense					
	om tarse				
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	an organization or a person other the complete the rest of this form. If you answ	nan yourself: Yes No vered "yes," go on to the next questions.)			
Name, address and telephone number of ea	nch person or organization you are rep	resenting:			
		D- 15-			
Are you being paid for your representation?		Yes No			
Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest	of this form.			
Are you an elected official or employee who 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 t	orm except Yes No			
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Date 06/10/9	Signature / Co	Maar,			

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AGENDA ITEM NO. 18/ ) 9 SU	JBJECT/ADDRESS/TOPIC5	58 29	1 55	460		
YOUR NAME PRICE BECKMEN DATE 6-10-19						
YOUR ADDRESS 12 13 LOR VIH TERR						
Please check the appropriate boxes:						
□ Support	□ Oppose	□ Neither :	Support I	Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	ot wish to	speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other tha complete the rest of this form. If you answe.	n yourself: red "yes," go	Yes on to the ne	☑ No ext questions.)		
Name, address and telephone number of ea						
Are you being paid for your representation?			☐ Yes	□ No		
Are you appearing as part of your other paid duties for this person or organization?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)						
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)						
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Date	Signature					

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AGENDA ITEM NO. 18/19 SUBJECT/ADDRESS/TOPIC 5004 Hormon 19					
YOUR NAME SUBJECT/ADDRESS/TOPIC DATE DATE					
YOUR ADDRESS 1218 bowth Jenne					
Please check the appropriate boxes:					
☐ Support ☐ Oppose ☐ Nei	ither 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				
☐ 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 you (If you answered "no," STOP; you need not complete the rest of this form. If you answered "ye	es," go on to the next questions.)				
Name, address and telephone number of each person or organization you are representing	g:				
Are you being paid for your representation?	☐ Yes				
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 for If you answered "yes," please continue.)	rm.				
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)					
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Date 6/10/19 Signature nul P. Rith					

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AGENDA ITEM NO. 18/19 SU	BJECT/ADDRESS/TOPIC	4. 200	famn	nerslen	
YOUR NAME Cynthia Rudie DATE 6/10/2019					
YOUR ADDRESS 1214 Lov	uth Terr		<b>V</b>		
Please check the appropriate boxes:					
□ Support	☑ Oppose	□ Neither	Support N	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)	
☐ Do not wish to speak	☑ Do not wish to speak	☐ Do n	ot wish to	speak	
☐ Available to answer questions	☐ Available to answer question	s 🗖 Avai	lable to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	un organization or a person other t	han yourself:	Yes	□ No	
Name, address and telephone number of ea					
A		Halling		EDV.	
Are you being paid for your representation?			☐ Yes	Ŋ(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	t of this form.	☐ Yes	No.	
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)					
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		2 1 1 - 1	0 1		
	BJECT/ADDRESS/TOPIC 500	5 Hammers1	y Ra		
YOUR NAME May and	COSSELIN DAT	E 6/10/19			
YOUR ADDRESS 4210	Loruth Ma	disson WI	53711		
Please check the appropriate boxes:					
□ Support	Oppose	☐ Neither Support N	or Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (	3 min. limit)		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to	speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other the complete the rest of this form. If you answ	an yourself:	No st questions.)		
Name, address and telephone number of ea	ach person or organization you are repr	esenting:			
Are you being paid for your representation?		☐ Yes	No		
Are you appearing as part of your other paid (If you answered "no" to both these question. If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	Yes fthis form.	□ No		
Are you an elected official or employee who for your municipality or other governmental language (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	☐ Yes	□ No		
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AGENDA ITEM NO. 18	+19 SUBJECT/ADD	ORESS/TOPIC			
YOUR NAME DAVID	STADE (MOURE	DATE	6-10-19		
YOUR ADDRESS 492	9 WHITTON	A DE A	2		
Please check the appropria	ite boxes:	2) 2 1	2		
Support	□ Oppose		D.NW. G		
Wish to speak (3 min		speak (3 min. limit)	Neither Support	1/0 //0	
☐ Do not wish to speal		ish to speak	☐ Wish to speak		
☐ Available to answer			Do not wish to		
At this meeting are you ren	recenting on once	e to answer questions	☐ Available to an		
				-DNo	
Name, address and telephone n	number of each person or or	ganization you are repres	enting:	ext questions.)	
Are you being paid for your repre	esentation?	DE ST. ST. ST.			
			☐ Yes	□ No	
Are you appearing as part of your (If you answered "no" to both the If you answered "yes," please con	other paid duties for this persese questions, STOP. You need	son or organization? d not complete the rest of th	his form.	□ No	
Are you an elected official or emr	plovee who is a				
(If you answered "ves" to the gue	etimental body?		□ Ves	□ No	
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If you are being paid for your repr	esentation, or if your appearan	nce is part of other paid dut	ies, please be advised th	at:	
1. Before you engage in lobbying	g as a lobbyist, you or your pr	ringinal must 61 4	- W 22 V 25	rk	
3. If your principal spends as all	d to authorize you to lobby ur	iless the principal is register	red with the City Clerk.		
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(Please go to the City Clerk's webs	site www.cityofmadison.com/c	clerk/index.html or go to the	Clerk's Office at Pass	103 64 6	
(Please go to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-  Date 6 - 10 - 19  Signature 6  Signature 7  Signature 8  Signature 7  Si					
Signature Land Handelmane					
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