PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 21 SUBJECT/ADDRESS/TOPIC 760-780 REGENT

YOUR NAME CHAD BLOEDEL DATE 6/10/19

YOUR ADDRESS 111 E WISCONSIN AVE MILWAUKEE, WI 53203

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:

KAHLER SLATER, MILWAUKEE, WI, 414-272-2000

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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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 [signature]

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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

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

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

AGENDA ITEM NO. 21 SUBJECT/ADDRESS/TOPIC 760-780 Regent

YOUR NAME Nate Gundrum DATE 6/10/19

YOUR ADDRESS 700 Meadow Lane North Minneapolis MN 55422

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:

Mortenson

700 Meadow Lane North Minneapolis MN 55416

763 287 5431

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 Nate Gundrum

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 21 SUBJECT/ADDRESS/TOPIC 760 - 780 Regent

YOUR NAME Dave Merrick DATE 6/10

YOUR ADDRESS N37 W29151 Middleton Hills Rd.

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:

Mont Development

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 Dave Merrick

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 21 SUBJECT/ADDRESS/TOPIC 760-780 REGENT

YOUR NAME MATT SCHREIN DATE 6/10/19

YOUR ADDRESS 22 GREENHAVEN CIR MADISON WI

Please check the appropriate boxes:

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

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

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

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

MORTENSON CONSTRUCTION

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 6/10/19 Signature [signature]

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 21 SUBJECT/ADDRESS/TOPIC 160-180 REGENT

YOUR NAME GREG KEMPEN DATE 6/10/19

YOUR ADDRESS 5339 OLYMPIA LANE

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:

KAHLER SLATER 111 W WISCONSIN MILWAUKEE 53203
414 272 2000

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 Greg Kempen

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PLAN COMMISSION
REGISTRATION FORM

AGENDA ITEM NO. 21 SUBJECT/ADDRESS/TOPIC 760 - 780 Regent St

YOUR NAME Adam Winkler DATE 6/10/19

YOUR ADDRESS 5422 Penny Lane, Madison, WI 53718

Please check the appropriate boxes:

☒ **Support**	☐ **Oppose**	☐ **Neither Support Nor Oppose**
☐ Wish to speak ***(3 min. limit)***	☐ Wish to speak ***(3 min. limit)***	☐ Wish to speak ***(3 min. limit)***
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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:

The Alexander Company, Inc. 608-258-5580

2450 Rimrock Road Madison, WI 53713

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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