AGENDA ITEM NO. 8,9 4 0 SU	BJECT/ADDRESS/TOPIC 2	201 HICKORY /7801	
YOUR NAME J. PANDY B	10 9	ATE 7 /20/18/ PAYU	
YOUR ADDRESS 7601 UNIL	REPSITY AVE	5/00/19	
Please check the appropriate boxes:			
□ Support	□ Oppose	☐ Neither Support Nor O	
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		
At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next quest Name, address and telephone number of each person or organization you are representing:			
Are you being paid for your representation?		Yes ON	
Are you appearing as part of your other paid d (If you answered "no" to both these questions. If you answered "yes," please continue.)	uties for this person or organization? , STOP. You need not complete the re.	st of this form.	
Are you an elected official or employee who is 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	☐ Yes ☐ N	
If you are being paid for your representation, o	or if your appearance is part of other pa	aid duties, please be advised that:	
 Before you engage in lobbying as a lobbying. Your principal is not permitted to authoriz If your principal spends or will owe more principal must file expense statements with 	ist, you or your principal must file an a se you to lobby unless the principal is r	nuthorization with the City Clerk.	
(Please go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more information	vofmadison com/clark/index html or -		
(Public Hearing	SION PUBLIC HEARING GENERA gs normally begin at 6:00 p.m. or s	AL INFORMATION hortly thereafter)	
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	PLAN COMMISSION REGISTRATION FORM	Hickory	zy Ridg
AGENDA ITEM NO.	SUBJECT/ADDRESS/TOPIC	of Koulin	and Ild
YOUR NAME Should	a Power DAT	E 5/20/19	
YOUR ADDRESS 130 5		MARISAN.	WITZZ
Please check the appropriate boxes	s: / //		
□ Support	Oppose	☐ Neither Support N	or Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to s	
☐ Available to answer question	ns Available to answer questions		
(If you answered "no," STOP; you need to	ng an organization or a person other the not complete the rest of this form. If you answer of each person or organization you are representation.	an yourself: Yes ered "yes," go on to the nex	III ATO
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Are you being paid for your representation	1?	☐ 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 or organization? ions, STOP. You need not complete the rest of	☐ Yes fthis form.	No
for your municipality or other government (If you answered "yes" to the question. ST	ho is appearing solely on behalf of your office all body? TOP. You need not complete the rest of this for ed "no" to the question, go on to the next question.	Yes Yes	(D) No
If you are being paid for your representation	on, or if your appearance is part of other paid	duties, please be advised tha	t:
	bbyist, you or your principal must file an auth		
Your principal is not permitted to auth	norize you to lobby unless the principal is regi	stered with the City Clerk.	
3. If your principal spends or will owe many principal must file expense statements	ore than \$1,000 for lobbying services in any swith the City Clerk for the remaining quarter	reporting period (calendar si rs of the calendar year.	x months), the
(Please go to the City Clerk's website <u>www</u> County Building, Madison, for more informate Date 19	v.cityofmadison.com/clerk/index.html or go to nation.) Signature	o the Clerk's Office at Room	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. 6-10 SUBJECT/ADDRESS/TOPIC HICKORY RIDGE				
YOUR NAME MIKE CARRO	DAT	E Stroky		
YOUR ADDRESS 7710 PAY	moso Po			
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	
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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	or if your appearance is part of other paid of	luties, please be advised th	nat:	
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
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Date 5(co)19 Signature Muliuk				

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AGENDA ITEM NO. 8910	SUBJECT/ADDRESS/TOPIC			
YOUR NAME ROJUS	NAUJALIS DAT	E 5 20 19		
YOUR ADDRESS 190)	OAK VIEW DR MADI	SON		
Please check the appropriate boxe	es:			
☐ 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 question	ons	☐ Available to answer questions		
(If you answered "no," STOP; you need	ng an organization or a person other the not complete the rest of this form. If you answ	ered "yes," go on to the next questions.)		
Name, address and telephone number	of each person or organization you are repr	resenting:		
Are you being paid for your representation	on?	☐ 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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	lobbyist, you or your principal must file an autl			
 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 				
3. If your principal spends or will owe principal must file expense statemen	ts with the City Clerk for the remaining quarte	reporting period (calendar six months), the rs of the calendar year.		
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Date	Signature			

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AGENDA ITEM NO. 8 - 10 SU	DIECT/ADDRESS/TORIG		
YOUR NAME BOLDY? L	BJECT/ADDRESS/TOPIC \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	clay 12 tax	
	ankella DAT	TE 5/20 19	
YOUR ADDRESS 3017 1	inter Park Pl	Madison WI	53719
Please check the appropriate boxes:			
□ Support	Oppose	☐ Neither Support Nor Op	pose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3 min.	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer questions		uestions
At this meeting are you representing a (If you answered "no," STOP; you need not on the state of	complete the rest of this form. If you answ	an yourself: Yes N	
Name, address and telephone number of ea	ich person or organization you are repr	resenting:	
The Read Land of the Party of t			
Are you being paid for your representation?		☐ Yes ☑ No	0
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.	5
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?	☐ Yes ☐ No	
If you are being paid for your representation, or	or if your appearance is part of other paid	duties, please be advised that:	
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3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying garriage in any	. 1 (1 1 1	hs), the
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Date 5/20/19 S	ignature		

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AGENDA ITEM NO. 8-10 SU	JBJECT/ADDRESS/TOPIC	000111		
	· Carrier and the second secon		CKORY Ridge Rd	
		- 3/23	2019	
	lak View Drive, Madi.	son, WI	53719	
Please check the appropriate boxes:				
☐ Support	☑ Oppose	☐ Neither Su	ipport 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		wish to speak	
☐ Available to answer questions	☐ Available to answer questions		ole to answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not c	an organization or a person other the complete the rest of this form. If you answ	nan yourself:		
Name, address and telephone number of ea	ch person or organization you are repr	resenting:		
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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2. Your principal is not permitted to authorize	ze you to lobby unless the principal is regi	istered with the Cit	tv Clerk	
 If your principal spends or will owe more t principal must file expense statements with 	than \$1 000 for labbring samilars in			
(Please go to the City Clerk's website <u>www.city</u> County Building, Madison, for more informatio	vofmadison com/clark/index html or as to			
Date $\frac{5/20/2019}{}$ Signate	ignatureJOUNJ	Lem		
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AGENDA ITEM NO. 5-10 SU	BJECT/ADDRESS/TOPIC ES	KER APAREN	MENTS	
YOUR NAME ANDY	DA DA	TE 5/20/19		
YOUR ADDRESS 25%	RMBLEDOWN	MAIL		
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		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to		
Available to answer questions	☐ Available to answer question			
At this meeting are you representing an organization or a person other than yourself: Yes \(\sigma\) 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: \(\sigma\) \(\sigma\				
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AGENDA ITEM NO. SI	IRIFCT/ADDRESS/TODIC C	CV	
YOUR NAME ALL MER	. 7 /	ATE 5/20/19	
YOUR ADDRESS 1910 Haw		/ / / /	
Please check the appropriate boxes:	is trude Di.	Jerona WI	
	□ Oppose	☐ Neither Suppo	ort Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spo	eak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	
Available to answer questions		ns	o answer questions
At this meeting are you representing a	an organization or a person other t	then required for Day	
(If you answered "no," STOP; you need not Name, address and telephone number of ea	complete the rest of this form. If you ans	swered "ves" go on to the	he next questions.)
	ten person of organization you are rep	presenting:	
Are you being paid for your representation?		☐ Ye	s 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	Ye t of this form.	s XNo
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 west of the server of t	☐ Yes	s No
If you are being paid for your representation, or			
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 If your principal spends or will owe more principal must file expense statements wit 	than \$1 000 for labbring		
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9-10		01 1/ 1. 10 .	
	BJECT/ADDRESS/TOPIC 280	of thekory Rd	
YOUR NAME VSTIN	AMPA/OUI DATE		
YOUR ADDRESS 999 FOU	Her Drive, Suite	201	
Please check the appropriate boxes:	Madison, WI		
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 question	
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	in organization or a person other than	yourself: Yes No	S
THE STATE OF THE S			
Are you being paid for your representation?		Yes No	
Are you appearing as part of your other paid d (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 rest of the	his 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?	☐ Yes ☐ No	
If you are being paid for your representation, o			
	ist, you or your principal must file an author.		
2. Your principal is not permitted to authoriz	e you to lobby unless the principal is register	ered with the City Clerk	
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District 7 Alder

PLAN COMMISSION REGISTRATION FORM

YOUR NAME	AGENDA ITEM NO. 8-10 SU	UBJECT/ADDRESS/TOPIC		
Please check the appropriate boxes: Support		10-10-1	5-70 7019	
Please check the appropriate boxes: Support		1. Dill	E	
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AGENDA ITEM NO. 5-/0 SU	JBJECT/ADDRESS/TOPIC	ory &	LIDGE	
YOUR NAME JUDING B	PELLEY DATE			>
YOUR ADDRESS 2810 Hick				
Please check the appropriate boxes:				
☐ Support	□ Oppose □ 1	Neither S	Support N	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			(3 min. limit)
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☐ Available to answer questions				swer questions
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Name, address and telephone number of ea	ach person or organization you are represen	iting:	JII 10 1	u questions.)
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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 go to the City Clerk's website <u>www.cit</u> County Building, Madison, for more information	tyofmadison.com/clerk/index.html or go to the o			103 of the City-
Date <u>5-28-19</u> Si	ignature Just Bleley	6		
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AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC	2001 Hickory	D-10 01
VOLD NAME TO THE TOTAL AND THE	TE 5/20/19	Ridge Rd
YOUR ADDRESS 7905 Oak View Drive	Madison. WI	52719
Please check the appropriate boxes:	1000000	35 [1]
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☐ Do not wish to speak ☐ Do not wish to speak	☐ Do not wish to s	
Available to answer questions Available to answer questions		
At this meeting are you representing an organization or a person other the (If you answered "no," STOP; you need not complete the rest of this form. If you answere, address and telephone number of each person or organization you are represented.	nan yourself: Yes	*
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization?	☐ Yes	Z No
(If you answered "no" to both these questions, STOP . You need not complete the rest of If you answered "yes," please continue.)	of this form.	A No
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to County Building, Madison, for more information.)		103 of the City-
Date 5/20/19 Signature 19		
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AGENDA ITEM NO. 9-10 SUBJECT/ADDRESS/TOPIC Hickory Bidge,				
YOUR NAME John Conlon DATE 5/20/19				
YOUR ADDRESS 7600 L			didding the	
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		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ar		
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other that complete the rest of this form. If you answe	an yourself: Yes	Пу	
Name, address and telephone number of ea	ach person or organization you are repr	esenting:		
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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Date <u>5</u> 20 s	Signature Con			

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. 8-10 SU	JBJECT/ADDRESS/TOPIC Hic	Korx Ridge		
YOUR NAME Jason Mill		1 1 19	7-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	
YOUR ADDRESS 7909 Oa				
Please check the appropriate boxes:				
□ Support	⊠ Oppose [☐ Neither Support N	Var Onnase	
☐ 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 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:				
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Are you an elected official or employee who is 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?	☐ Yes	⊠kNo	
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AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC /	HICKORY RIDES /RAYINGA			
YOUR NAME RICHARD KING DAT	TF 5/20/19			
YOUR NAME RICHARD KING DATE YOUR ADDRESS 1625 CAPITAL AVE. MA	HUISAN (NI 53705			
Please check the appropriate boxes:	01)011/0			
□ 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				
At this meeting are you representing an organization or a person other the (If you answered "no," STOP; you need not complete the rest of this form. If you answered, address and telephone number of each person or organization you are represented.	nan yourself: Yes No			
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 the your answered "yes," places continued.	☐ Yes 🔏 No			
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Date Signature				

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AGENDA ITEM NO. 8-10 SUBJECT/ADDRESS/TOPIC 2801 Hyckory Ridge Rel				
YOUR NAME Pat Wood		ATE 5/s	20/2	019
YOUR ADDRESS 14 Golaci	ev air v.	nadison	1	53719
Please check the appropriate boxes:				
☐ Support ☐ Opp	oose	□ Neither S	Support I	Nor Oppose
☐ Wish to speak (3 min. limit) ☐ W	ish to speak (3 min. limit)			(3 min. limit)
☐ Do not wish to speak	o not wish to speak		ot wish to	
\square Available to answer questions \square Av	vailable to answer questic			swer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need not complete	nization or a person other	r than yourself	□ Ves	□ No
Name, address and telephone number of each pers	on or organization you are r	epresenting:		wi questions.
Are you being paid for your representation?			☐ Yes	No
Are you appearing as part of your other paid duties for (If you answered "no" to both these questions, STOP, If you answered "yes," please continue.)	r this person or organization? . <i>You need not complete the re</i>	est 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.)			☐ Yes	.PNo
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 <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 3/20/2019 Signature Jul Would				

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.

AGENDA ITEM NO. 8-10 SU	JBJECT/ADDRESS/TOPIC 286	Ol Hickory	Ridge Rd	
AGENDA ITEM NO. 8-10 SU YOUR NAME TERRY ROUR ADDRESS 14 G CK	aw/ing DA	TE 5-20 -2	6/9	
YOUR ADDRESS 14 G CK	ICIERCIA MA	ADISON	53719	
Please check the appropriate boxes:				
□ Support	□ Oppose	☐ Neither Suppor	rt Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		ak (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		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:				
			AT AT A CONTRACT	
Are you being paid for your representation?		☐ Yes	No 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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AGENDA ITEM NO. 8,9,10 SU	JBJECT/ADDRESS/TOPIC	2911 HORAFY	1 7221 RADE	
YOUR NAME / Jan/	SCHROCIPER DAT	TE 3/20/19	1001 1970	
YOUR ADDRESS KNOTT	to & BRUCO April	1-40/11		
Please check the appropriate boxes:		Total Maria		
Support	□ Oppose	☐ Neither Support	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			
At this meeting are you representing a (If you answered "no," STOP; you need not of	an organization or a person other the complete the rest of this form. If you answ	nan yourself: Yes		
Name, address and telephone number of ea	nch person or organization you are rep	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	of this form.	□ No	
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