#9

# PLAN COMMISSION REGISTRATION FORM

55024				
AGENDA ITEM NO. 69 SUI	BJECT/ADDRESS/TOPIC De	EXTERS JUIS		
YOUR NAME HICHOLAS, 7	PABEL DAT	E 5/06/2019	<u> </u>	
YOUR ADDRESS 262 HALL	MARIL LUAY SOU	PRAIRIE 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 m	nin. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to spe	eak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answ	er questions	
At this meeting are you representing a			□ No	
(If you answered "no," STOP; you need not c			uestions.)	
Name, address and telephone number of ea	ch person or organization you are repr	esenting:		
LAXTEDS 1-13-	<u>Culoise</u>			
			×	
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 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 fo	☐ Yes	<b>%</b> 0	
If you are being paid for your representation, or	or if your appearance is part of other paid	duties, please be advised that:		
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an aut	horization 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 principal must file expense statements with	than \$1,000 for lobbying services in any the City Clerk for the remaining quarte	reporting period (calendar six of the calendar year.	months), the	
(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 05/06/2019 S	ignature / / /			

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#9

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 550 22 SUBJECT/ADDRESS/TOPIC Dex ters				
YOUR NAME Tom Runn	DATE DATE	5/5/19		
YOUR ADDRESS 2634 & J	a turn It			
Please check the appropriate boxes:				
Support	□ Oppose □	Neither Suppor	t Nor Oppose	
☑-Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	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 questions	☐ Available to	answer questions	
At this meeting are you representing an organization or a person other than yourself:   Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)  Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?				
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	Signature			

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 55022 SUBJECT/ADDRESS/TOPIC DEXTENS Pub.				
YOUR NAME Allison Ban-Herr DATE 5/6/19				
YOUR ADDRESS	2626 E. Johns	50V7 8	St. M	adison W
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 n	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avai	lable to an	swer questions
At this meeting are you representing an organization or a person other than yourself:   Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)  Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation?			☐ Yes	No
Are you appearing as part of your other paid 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 the	his form.	☐ Yes	No
Are you an elected official or employee who for your municipality or other governmental by (If you answered "yes" to the question, STOR 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 du	ties, please	be advised th	nat:
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Date <u>5/6/19</u>	Signature al BH			

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AGENDA ITEM NO. 55022 SUBJECT/ADDRESS/TOPIC Dever's project, 211 0000				
YOUR NAME DATE				
YOUR ADDRESS 273	4 Golida St.			
Please check the appropriate boxes:				
∑ Support	□ Oppose □	Neither Support Nor Oppose		
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of ea	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)		
		- The state of the		
Are you being paid for your representation?				
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AGENDA ITEM NO SU	JBJECT/ADDRESS/TOPIC <u>301</u>	North St.		
YOUR NAME SAM KAH	LE DATE	05/06/2019		
YOUR ADDRESS 16 N. Car	ol St. # 610			
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	S	
	an organization or a person other than complete the rest of this form. If you answere			
	ach person or organization you are repres	enting:		
Angus Young Associates				
Are you being paid for your representation?				
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?  (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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AGENDA ITEM NO. 55022 SUBJECT/ADDRESS/TOPIC 301 NORTH STREET					
YOUR NAME CARY JAWORSKI DATE 5/6/2019					
YOUR ADDRESS 2562 UP	HAM ST				
Please check the appropriate boxes:					
☑ Support	☐ Oppose	□ Neither S	Support No	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 no	ot wish to s	peak	
☐ Available to answer questions	☐ Available to answer question	ons 🗖 Avail	able to ans	wer questions	
(If you answered "no," STOP; you need not of	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 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. #9 3/00 SUBJECT/ADDRESS/TOPIC DEXTERS PUB				
YOUR NAME 55022 CATIE SHANNON DATE MAY 6th 2019				
YOUR ADDRESS 515 PAWU	NG ST, MADISON, W	1 53704		
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 speal	(3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish t	o speak	
Available to answer questions	☐ Available to answer questions	☐ Available to a	answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of			☐ No next questions.)	
Name, address and telephone number of each person or organization you are representing:  EFEN PARK NEIGHBORHOOD ASSOCIAT LON				
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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# 9

AGENDA ITEM NO. 5502 SUBJECT/A	DDRESS/TOPIC Dexters		
YOUR NAME Chad Carbon	DATE 5/6/19		
YOUR ADDRESS 322 North	St.		
Please check the appropriate boxes:			
☐ Support ☐ Oppose	e		
☐ Wish to speak (3 min. limit) ☐ Wish	to speak (3 min. limit)		
☐ Do not wish to speak ☐ Do not	ot wish to speak		
☐ Available to answer questions ☐ Available	able to answer questions		
At this meeting are you representing an organiza (If you answered "no," STOP; you need not complete the	ation or a person other than yourself:  Yes No rest of this form. If you answered "yes," go on to the next questions.)		
Name, address and telephone number of each person of	or organization you are representing:		
Are you being paid for your representation?	☐ Yes ✓ No		
Are you appearing as part of your other paid duties for thi (If you answered "no" to both these questions, <b>STOP</b> . Yo If you answered "yes," please continue.)			
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Date 5/6/19 Signature (			

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AGENDA ITEM NO. 6 SO2 SUBJECT/ADDRESS/TOPIC 301 5/6/2019 TAYLUZ YOUR NAME OANO DATE YOUR ADDRESS 1932 MIFFLIN 51 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: ☐ Yes No Are you being paid for your representation? 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? No No ☐ 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:

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Date 5/6/2019

Signature

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AGENDA ITEM NO. 5502 ZSUBJECT/ADDRESS/TOPIC Dexter's				
YOUR NAME Chuck Hornemann DATE 5/6/19 YOUR ADDRESS 326 North St.				
YOUR ADDRESS 326 Nov	th st.			
Please check the appropriate boxes:				
□ Support	<b>☑</b> Oppose	Neither Supp	ort Nor Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to sp	beak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wi	sh to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available	to answer questions	
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Are you being paid for your representation?		_ <u> </u>		
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	ities, please be adv	vised that:	
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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.				
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Date	Signature			

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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A GENTLA MENTALIO COMO O GIA	DIEGELADDERGGEROPIG T.	1001 - D-1:E	13011101
AGENDA ITEM NO. 55022 SU		ter's Patic	1201 100
YOUR NAME LEDECCOL		3/0/19	
YOUR ADDRESS 2512 4	sham Street Mad	Uson, w15	3704
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 an	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not Name, address and telephone number of each of the state of the stat	complete the rest of this form. If you answe	red "yes," go on to the n	No ext questions.)
Tvame, address and telephone number of ea	ch person of organization you are repre	senting.	
Are you being paid for your representation?		☐ Yes	No 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 this form.	□ 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	oody? <b>P.</b> You need not complete the rest of this for	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid of	duties, please be advised	that:
1. Before you engage in lobbying as a lobb	yist, you or your principal must file an auth	orization with the City C	lerk.
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Date	Signature		

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AGENDA ITEM NO. FOR SU	BJECT/ADDRESS/TOPIC 30	1 North	84	
YOUR NAME JULIE RUBINSON DATE 5/6/2019				
YOUR ADDRESS 105 N	orth St			
Please check the appropriate boxes:				
Support	□ Oppose □	Neither Support	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)	
■ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a	nswer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of			ANO next questions.)	
Name, address and telephone number of ea	ch person or organization you are represe	enting:		
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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AGENDA ITEM NO. <u>55022</u> SUB	BJECT/ADDRESS/TOPIC 3	301 NORTH	STREET
YOUR NAME DAM BER	TLER DA	ATE 5-6-19	7
YOUR ADDRESS 2906 MA	RRETPLACE DE -	Kitchburg	WI
Please check the appropriate boxes:			
Support	l Oppose	☐ Neither Supp	ort Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to sp	eak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	h to speak
Available to answer questions	☐ Available to answer question	ns	o answer questions
At this meeting are you representing an (If you answered "no," STOP; you need not co	n organization or a person other omplete the rest of this form. If you an	than yourself: Y swered "yes," go on to t	es
Name, address and telephone number of eac	ch person or organization you are re	epresenting:	
Are you being paid for your representation?		□ Y	es No
Are you appearing as part of your other paid du (If you answered "no" to both these questions, If you answered "yes," please continue.)	aties for this person or organization? <i>STOP.</i> You need not complete the res	st of this form.	es 🗖 No
Are you an elected official or employee who is for your municipality or other governmental bo (If you answered "yes" to the question, <b>STOP</b> . that you must sign this form. If you answered ".	ody? You need not complete the rest of this	s form except	es No
If you are being paid for your representation, or	r if your appearance is part of other pa	aid duties, please be advi	sed that:
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## <u>PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION</u> (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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AGENDA ITEM NO. 9 SUBJECT/ADDRESS/TOPIC DEXTER'S PUB					
YOUR NAME CHRIS HIMES DATE 5/6/19					
YOUR ADDRESS 2625 FAIRFIELD PLACE # 1					
Please check the appropriate boxes:					
<b>Support</b>	☐ Oppose	☐ Neither Supp	ort Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to sp	eak (3 min. limit)		
☑ Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	☐ Do not wish to speak		
Available to answer questions	☐ Available to answer question	ons	☐ 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 ea	ich person or organization you are r	epresenting:			
Are you being paid for your representation?		□ Y	es <b>Z</b> (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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Date 5/6/19 Signature					

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AGENDA ITEM NO 55022 SUBJECT/ADDRESS/TOPIC					
YOUR NAME Solvert Schuber DATE 5/6/19 YOUR ADDRESS 2558 E. Day tox St.					
YOUR ADDRESS 2558	E. Day ton St.				
Please check the appropriate boxes:					
□ Support	☐ Oppose	Neither Support Nor Oppose			
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	Wish	to speak	(3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak			
☐ Available to answer questions	☐ Available to answer questions	Available to answer questions			
At this meeting are you representing an organization or a person other than yourself: \(\sigma\) 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 ea	ch person or organization you are repres	senting:			
se1f ((	008 291-5769				
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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#9

# PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 55022 SUBJECT/ADDRESS/TOPIC 301 NST Dexters					
YOUR NAME Indiva Ceylan DATE 5.6.19					
YOUR ADDRESS 2437 Upham St					
Please check the appropriate boxes:					
☐ Support	□ Oppose	Neither Support Nor Oppose			
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak			
☐ Available to answer questions	☐ Available to answer questions	Available to answer questions			
At this meeting are you representing an organization or a person other than yourself: Yes \(\sigma\) 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:  Emerson Fast neighbor hood association  9509ation					
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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Date <u>5.6.19</u> Signature <u>1111</u>					

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