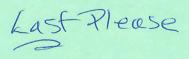
AGENDA ITEM NO. 11+12 SU			WASHING	TON AVE
YOUR NAME KEVIN BURG	w w	DATE	3-11.19	
YOUR ADDRESS 7601 HAW	ersity Ave			
Please check the appropriate boxes:				
⊠ Support [☐ Oppose	□ Neith	er Support N	or Oppose
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	uit) 🗆 W	Vish to speak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	□ D	o not wish to	speak
☐ Available to answer questions	☐ Available to answer que	stions	vailable to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person ot complete the rest of this form. If yo	her than yours u answered "yes,	elf: 🛭 Yes " go on to the ne.	☐ No xt questions.)
Name, address and telephone number of ea	ach person or organization you a	re representing:		
RNOTHE + DRUCE THE	CF1112C43 076	76-70		
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? (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 by (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	f this form except	☐ Yes	₽ No
If you are being paid for your representation,	or if your appearance is part of oth	er paid duties, ple	ease be advised th	nat:
1. Before you engage in lobbying as a lobby	yist, you or your principal must file	an authorization	with the City Cle	erk.
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk.				
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.				
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date Signature				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 11+12 SU	BJECT/ADDRESS/TOPIC	4 e w	rashing	itoh
AGENDA ITEM NO. 11 +12 SUBJECT/ADDRESS/TOPIC 1954 & Washington Your NAME Amn Neujahi Morrison Date 3/11/19 YOUR ADDRESS 1933 Keyes Avenue				
YOUR ADDRESS 1933 Keye.	s Avenue			
Please check the appropriate boxes:				
Support	□ Oppose □	Neither S	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	able 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 answere	ed "yes," go	Yes on to the ne	X No ext questions.)
Name, address and telephone number of ea	ach person or organization you are represe	enting:		
Are you being paid for your representation?			☐ Yes	Die
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 the	his form.	☐ Yes	□ 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 form	ı 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 the	hat:
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Date	Signature			

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AGENDA ITEM NO. 1812 SUBJECT/ADDRESS/TOPIC 1954 I Washing for				
YOUR NAME RON Thous	utensers DATE	3/1/19		
YOUR ADDRESS 7222 B	nonford Lone &	at hadron		
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 Name, address and telephone number of ea	complete the rest of this form. If you answe ch person or organization you are repre	red "yes," go on to the next questions.)		
- Charmon	MOC			
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.)	luties for this person or organization? s, STOP. You need not complete the rest of	this form.		
Are you an elected official or employee who i for your municipality or other governmental be (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this for	☐ Yes ☐ No m except		
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REGISTRATION FORM AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC YOUR NAME YOUR ADDRESS Please check the appropriate boxes: ☐ Oppose ☐ Neither Support Nor Oppose ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) 1 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: \square 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? 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 ☐ Yes 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: 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.laml or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

PLAN COMMISSION

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Signature

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AGENDA ITEM NO. 12 SU	BJECT/ADDRESS/TOPIC MO	C 1954 E,	Washing Kona
YOUR NAME LORRIE HE	inemenh DAT	E 3/11/19	0
YOUR ADDRESS 550 W	. washington au	re	
Please check the appropriate boxes:	U		
Support 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 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	complete the rest of this form. If you answ	vered "yes," go on to the	☐ No next questions.)
Name, address and telephone number of ea	ach 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 (If you answered "no" to both these question If you answered "yes," please continue.)		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, STO that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	☐ Yes	No
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 lobby Your principal is not permitted to author If your principal spends or will owe more 	ze you to lobby unless the principal is reg	sistered with the City Cler	·k.
principal must file expense statements wi	th the City Clerk for the remaining quarte	ers of the calendar year.	ii six montiis), tire
(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 3/11/19	Signature forme 1C1	teiner	

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AGENDA ITEM NO.11/12 SUBJECT/ADDRESS/TOPIC MOL 198	M E. Washington AV
YOUR NAME <u>Cashton Laufenberg</u> DATE <u>03</u>	11/2019
YOUR ADDRESS 2417 Dums Marsh Terr	
Please check the appropriate boxes:	
□ Support □ Oppose □ Neither	Support Nor Oppose
D Wish to small (2) to the D William	h to speak (3 min. limit)
	not wish to speak
	ilable to answer questions
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	Yes DNo
Name, address and telephone number of each person or organization you are representing:	
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)	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 □No
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	
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's County Building, Madison, for more information.)	
Date 03/11/2019 Signature Costion Journally	
	and the same and the same and

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AGENDA ITEM NO. SUE	BJECT/ADDRESS/TOPIC	Avenue /MDC	
YOUR NAME Abbie Ela	Wallhaus DATE	3/11/19	
11 - 1	raws Rd. Magisan	WD 53784	
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 as (If you answered "no," STOP; you need not come.	complete the rest of this form. If you answere	ed "yes," go on to the next questions.)	
Name, address and telephone number of ea	ch person or organization you are represe	enting:	
550 W Wa	Shington Ave 11	radisan WI 53 203	
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 t	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	oody? P. You need not complete the rest of this forn	☐ Yes ☐ No n except	
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11-12

AGENDA ITEM NO. 5368 SUBJECT/ADDRESS/TOPIC				
YOUR NAME HOURS Arwin DATE 3/11/19				
YOUR ADDRESS HO KING	eston way us	unaked		
Please check the appropriate boxes:	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	☐ Available to a	nswer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other than complete the rest of this form. If you answere	yourself: 🎾 Yes d "yes," go on to the n	□ No next questions.)	
Name, address and telephone number of ea	ch person or organization you are represe			
	elopinet con	^		
	entre con	(M	
Are you being paid for your representation?		☐ Yes	MNo	
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 the	☐ Yes nis form.	No	
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? • You need not complete the rest of this form	☐ Yes except	∑ No	
If you are being paid for your representation,	or if your appearance is part of other paid du	ties, please be advised	that:	
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Date 3/11/19	Signature A QUISS			

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

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11-12

AGENDA ITEM NO. 53811 SUBJECT/ADDRESS/TOPIC				
YOUR NAME Natasha Fat	vey-Flynn DATE	3-11	-201	9
YOUR ADDRESS 1934 E	Washington Are I	nadise	n53	704
Please check the appropriate boxes:	O			
□ Support	Oppose	☐ Neither S	upport 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 no	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to ans	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 answer	red "yes," go	Yes on to the ne.	No xt questions.)
Name, address and telephone number of ea	ach person or organization you are repre	senting:		
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 (If you answered "yes" to the question, STO, that you must sign this form. If you answered	body? P. You need not complete the rest of this for	m except	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of other paid of	duties, please b	e advised the	nat:
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Date 3-11-2019 Signature Signature				

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AGENDA ITEM NO. 1/4/2 SU	BJECT/ADDRESS/TOPIC	154 E. Washing	Hon Ave	
YOUR NAME Sheri Rein	DAT	TE 03/11/19		
YOUR ADDRESS 21 N. Sec.	and St.			
Please check the appropriate boxes:	, No hamouth			
□ Support	Oppose Vehemently	☐ Neither Support	Nor Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak	x (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 Name, address and telephone number of each	complete the rest of this form. If you answ	wered "yes," go on to the	M No next questions.)	
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	☐ Yes of this 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 j	☐ Yes form except	□ No	
If you are being paid for your representation,	or if your appearance is part of other pai	d duties, please be advised	I that:	
1. Before you engage in lobbying as a lobb	yist, you or your principal must file an au	nthorization with the City	Clerk.	
2. Your principal is not permitted to author	ize you to lobby unless the principal is re	gistered with the City Cle	rk.	
3. If your principal spends or will owe more principal must file expense statements w	e than \$1,000 for lobbying services in an ith the City Clerk for the remaining quart	y reporting period (calend ters of the calendar year.	ar six months), the	
(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	Signature			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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11-12

AGENDA ITEM NO. 53811 SUBJECT/ADDRESS/TOPIC 1954 E. Washington				
YOUR NAME Christopher Sell DATE 3/11/19				
YOUR ADDRESS 1934 E.I	Jashington Ave			
Please check the appropriate boxes:				
□ Support	☑ Oppose □	Neither Supp	port Nor Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to s	peak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wi	ish 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	ach person or organization you are repres	enting:		
			The second	
Are you being paid for your representation?		۰	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 to (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 form	n except	Yes No	
If you are being paid for your representation,	or if your appearance is part of other paid du	uties, please be ad	vised that:	
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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.				
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Date 3/11/18 Signature				

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11+12

AGENDA ITEM NO. 5781 SU	JBJECT/ADDRESS/TOPIC _		WASHINGTON
YOUR NAME OAULD TO		DATE OJ/11/	2019
YOUR ADDRESS 1932 E.	MIFFLIN ST		
Please check the appropriate boxes:			
□ Support	□ Oppose	☐ Neither Sup	port Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. lim	nit)	speak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not w	vish to speak
☐ Available to answer questions	☐ Available to answer ques	stions	e to answer questions
At this meeting are you representing (If you answered "no," STOP; you need not Name, address and telephone number of e	t complete the rest of this form. If you	u answered "yes," go on t	Yes No to the next questions.)
			Yes TNo
Are you being paid for your representation?			
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 organizations, STOP. You need not complete th		Yes 🖾 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 o	f this form except	Yes No
If you are being paid for your representation	n, or if your appearance is part of oth	er paid duties, please be a	dvised that:
Before you engage in lobbying as a lob			
2. Your principal is not permitted to author	orize you to lobby unless the principa	al is registered with the Ci	ty Clerk.
If your principal spends or will owe morprincipal must file expense statements with the statements of the statements of the statements of the statements of the statement o	ore than \$1,000 for lobbying services with the City Clerk for the remaining	in any reporting period (og quarters of the calendar)	calendar six months), the year.
(Please go to the City Clerk's website www. County Building, Madison, for more inform Date	cityofmadison.com/clerk/index.html ation.) Signature	ot go to the Clerk's Offic	e at Room 103 of the City-

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PLAN COMMISSION REGISTRATION FORM

Import

2811		(Mar)	N a 1
AGENDA ITEM NO. SUI	BJECT/ADDRESS/TOPIC/95	4 2 Weish	Development
YOUR NAME HOME CAGS	Seve DATE_	3-11-201	9
YOUR ADDRESS 48	E Mittlin ST.		
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 s	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 of	complete the rest of this form. If you answered	"yes," go on to the ne:	No xt questions.)
Name, address and telephone number of ea	ch person or organization you are represen	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.)	duties for this person or organization? s, STOP. You need not complete the rest of th	Yes is 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? • 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 advised th	nat:
	yist, you or your principal must file an author		
2. Your principal is not permitted to author	ize you to lobby unless the principal is registe	red with the City Clerk	
If your principal spends or will owe more principal must file expense statements w	e than \$1,000 for lobbying services in any rep ith the City Clerk for the remaining quarters of	orting period (calendar of the calendar year.	six months), the
(Please go to the City Clerk's website <u>www.c</u> County Building, Madison, for more informa	<u>ityofmadison.com/clerk/index.html</u> or go to th tion.)	e Clerk's Office at Roo	m 103 of the City-
Date	Signature		

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AGENDA ITEM NO. 12 SUI	BJECT/ADDRESS/TOPIC 195	4 F. Wash	developmen
YOUR NAME Ben Saba	DATI	8-11-19	
YOUR ADDRESS 1930 F. W	ashington		
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
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answe	ered "yes," go on to the ne	☐ No ext 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
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 f this 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	rm except	₽No
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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11-12

AGENDA ITEM NO. 53618 SUBJECT/ADDRESS/TOPIC 1954 to Washington				
YOUR NAME TERS COMMICHO DATE 3/11/19				
YOUR ADDRESS 102 N. 2401 St. 53704				
Please check the appropriate boxes:				
□ Support	Oppose C	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	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other thar complete the rest of this form. If you answer	n yourself: red "yes," go	Yes on to the ne	No ext questions.)
Name, address and telephone number of ea	ich person or organization you are repres	senting:		
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 t	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 form	n except	☐ Yes	□ No
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COING TO 4STORIES

AGENDA ITEM NO. 1 SU	RIECT/ADDRESS/TOPIC	154 E WASH	
YOUR NAME	HILLIPH DATE	3/11/19	
YOUR ADDRESS JEGG	F MIFFIN		
Please check the appropriate boxes:	S		
□ Support f	Oppose	Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☐ Do not wish to speak	™ Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to answer questions	
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:			
Are you being paid for your representation?		☐ Yes No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions. If you answered "yes," please continue.)		this form.	
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Date 3/11 9	Signature Signature	1-111111	

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AGENDA ITEM NO. 2 SU	BJECT/ADDRESS/TOPIC 1950	1 E Washington A	ve.
YOUR NAME DAWY Sabir	DATI	3/11/19	
YOUR ADDRESS 1430 E WAS	ungton Fue madising	W1 53704	
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
At this meeting are you representing an organization or a person other than yourself: Yes You not the next questions.)			
Name, address and telephone number of ea	ach person or organization you are repro	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 f this 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	body? P. You need not complete the rest of this fo	rm except	□ No
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Date 3111/19 Signature Dawn Jahn			

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

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#11-12 SUBJECT/ADDRESS/TOPIC AGENDA ITEM NO 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 No 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. 2. 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.

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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Signature

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Date

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11-12

AGENDA ITEM NO. 53618 SU	BJECT/ADDRESS/TOPIC	54 E. WASAIN	ISTON AVE	
YOUR NAME SARA L. A	FINCEL DATE	TE 3-11-19		
YOUR ADDRESS 2026 E	MIFFEIN 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 ar	nswer questions	
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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	☐ Yes of this form.	□ No	
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(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 S	Signature			

- 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.
- 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.
- 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.
- 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.