

## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC 1050 E Washington Ave  
 YOUR NAME Richard B Arneson DATE 1-14-19  
 YOUR ADDRESS 137 E Wilson ST # 86

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>               | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)      |
| <input checked="" type="checkbox"/> Do not wish to speak         | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak              |
| <input type="checkbox"/> Available to answer questions           | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> 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 being paid for your representation?  Yes  No

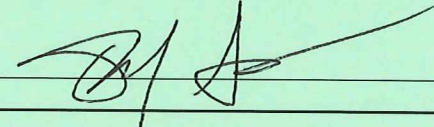
Are you appearing as part of your other paid duties for this person or organization?  
 (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
 If you answered "yes," please continue.)  Yes  No

Are you an elected official or employee who is appearing solely on behalf of your office or  
 for your municipality or other governmental body?  Yes  No  
 (If you answered "yes" to the question, STOP. You need not complete the rest of this form except  
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Date 1-14-19 Signature 

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

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 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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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.
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PLAN COMMISSION  
REGISTRATION FORM

53862

AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_

YOUR NAME Paul Kuehner DATE 1/14/19

YOUR ADDRESS 909 Johnson St 202

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Support                                 | <input type="checkbox"/> Oppose                        | <input type="checkbox"/> Neither Support Nor Oppose    |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)  |
| <input type="checkbox"/> Do not wish to speak                    | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions           | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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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

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(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

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Date 1/14/19 Signature Paul Kuehner

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC 1032-1050 E. Wash  
 YOUR NAME Patrick Heck DATE 14 Jan 2019  
 YOUR ADDRESS 123 N. Blount St Apt 303

Please check the appropriate boxes:

<input checked="" type="checkbox"/> <b>Support</b>	<input type="checkbox"/> <b>Oppose</b>	<input type="checkbox"/> <b>Neither Support Nor Oppose</b>
<input checked="" type="checkbox"/> Wish to speak (3 min. limit)	<input type="checkbox"/> Wish to speak (3 min. limit)	<input type="checkbox"/> Wish to speak (3 min. limit)
<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak
<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> 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:  
Tenney-Lapham Neighborhood Assoc.

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?  
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Date \_\_\_\_\_ Signature \_\_\_\_\_

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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC 1032-1050

YOUR NAME Patty Prime DATE 1/14/2019

YOUR ADDRESS 432 Sidney St.

Please check the appropriate boxes:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>               | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)      |
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**Name, address and telephone number of each person or organization you are representing:**

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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# PLAN COMMISSION REGISTRATION FORM

#12

AGENDA ITEM NO. 5386 SUBJECT/ADDRESS/TOPIC 1050 East Washington

YOUR NAME Allen Ebert DATE 1/14/19

YOUR ADDRESS 4909 ~~40~~ Shore Acres, Monona WI 53716

Please check the appropriate boxes:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 | <input type="checkbox"/> <b>Neither Support Nor Oppose</b> |
| <input type="checkbox"/> Wish to speak (3 min. limit)             | <input type="checkbox"/> Wish to speak (3 min. limit)  | <input type="checkbox"/> Wish to speak (3 min. limit)      |
| <input type="checkbox"/> Do not wish to speak                     | <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak              |
| <input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions     |

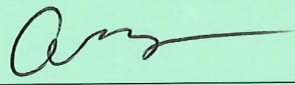
At this meeting are you representing an organization or a person other than yourself:  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)*

Name, address and telephone number of each person or organization you are representing:  
Childrens Theater of Madison  
228 State St Madison WI 53703

- 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?  
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## PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 12 SUBJECT/ADDRESS/TOPIC Stone House Building / E Washing Property  
 YOUR NAME Karen Banaszak DATE 1/14/19  
 YOUR ADDRESS 1144 Curtis St.

Please check the appropriate boxes:

Support

Oppose (as is) →

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

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Yes

No

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 If you answered "yes," please continue.)

Yes

No

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 (If you answered "yes" to the question, STOP. You need not complete the rest of this form except  
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Yes

No

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Date 1/14/19 Signature Karen Banaszak

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