REMOTE MEETING APPLICANT REGISTRATION FORM

Applicants for a rezoning petition must fill out this form prior to participating in a remote meeting of the zoning committee.

IMPORTANT: please download and save this form and then fill out using Adobe Reader. You may also print out the form and fill it in by hand.

Please submit completed forms by email at your earliest convenience. <u>Attach your completed form to an email and send to:</u> lane.roger@countyofdane.com.

DATE of Meeting: 1/16/22	Your Name: Virginia Kravik
- ,,,,,,,	Your Mailing Address: 11 E Rockdale Rd
	Cambridge, WI 53523
	Your Phone #: 608-556-0237
Zoning Petition/CUP#: 11782	Your Email Address: sunnyjar@yahoo.com
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support I U	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summar to share with the ZLR Committee regarding the proper	ry of any comments, concerns, or observations you would like osal.
I wish to be available to answer any questions if the Z	ZLR Committee has any.

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DATE of Meeting: 1/25/22	Your Name: Alan Lund
1720/22	Your Mailing Address: 2020 Pleasant Dr
	Cambridge, WI 53523
	Your Phone #: 608-445-4948
Zoning Petition/CUP#: 11782	Your Email Address: alglund83@gmail.com
	ate your interest in addressing the ZLR Committee and, if raff recommended conditions of approval on the proposal.
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ry of any comments, concerns, or observations you would like osal.
Simply wish to be available for any items that might	

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DATE of Meeting: 1/25/22	Your Name: Jami Erickson
	Your Mailing Address: 1368 Primous Centy Rd
	Mount Horeb
	Your Phone #: 608-225-5510
Zoning Petition/CUP#: 1783	Your Email Address: jamiannerick son agmall on
* * *	your interest in addressing the ZLR Committee and, if recommended conditions of approval on the proposal.
Wish to Speak in Support I Und	lerstand and Accept the Recommended Conditions
Wish to Register in Support I Do	Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summary to share with the ZLR Committee regarding the propose	of any comments, concerns, or observations you would like al.
	5.51

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DATE of Meeting:	Your Name: DAVID J GARFOOT
JANUARY 25, 2022	Your Mailing Address: 8670 GARFOOT DR.
1	MT. HOREB, WI 53572
	Your Phone #: (608) 516-2794
Zoning Petition/CUP#: //783	Your Email Address: daveganfoota@gmail.com
	ate your interest in addressing the ZLR Committee and, if taff recommended conditions of approval on the proposal.
Wish to Speak in Support	Understand and Accept the Recommended Conditions
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summate to share with the ZLR Committee regarding the property.	ary of any comments, concerns, or observations you would like posal.
	*
	*
	9

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DATE of Meeting: 1/25/22	Your Name: Jon Hageman
- ,, <u></u> ,	Your Mailing Address: 128 Paoli St. Verona, WI 53593
	Your Phone #: 608-999-1977
Zoning Petition/CUP#: 11784	Your Email Address: jonhageman1212@outlook.com
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support	nderstand and Accept the Recommended Conditions
Wish to Register in Support I Do	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summar	ry of any comments, concerns, or observations you would like
to share with the ZLR Committee regarding the proportion	osal.

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22-01-11 13:52

Dorn Hardware Oregon 608 835 5738 >> 6082671540 DANE COUNTY ZUNING & LAND REGULATION COMMITTEE

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ATE of Meeting:	Your Name: Raymond Hillgers
DATE of Meeting: JAN 25. 2022	Your Mailing Address: 5607 Netherwood R
	Oregon, WI 53575
	Your Phone #: 608-843-8258
Coning Petition/CUP#: 11784	Your Email Address: behnovelties eyahop tom
Please check the appropriate box(es) below	to indicate your position on the proposal.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
Availa	ble for Information
	mary of your comments and/or concerns regarding the
My Concerns - the grade and stopping the natural flow of field the cutting of tree since my Drain field is on the don't want it disturbed.	nd placement of the driveway of water to the wast into the sand removal of the Stumps, a west side of my house and

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DATE of Meeting: 1/25/22	Your Name: John Halverson
112-014-2	Your Mailing Address: 6381 Coon Rock Road
	Arena, WI 53503
	Your Phone #: 608-843-7498
Zoning Petition/CUP#: 11785	Your Email Address: john@halversonsurveying.com
	indicate your interest in addressing the ZLR Committee and, if lor staff recommended conditions of approval on the proposal. I Understand and Accept the Recommended Conditions I Do Not Understand and/or Accept the Recommended Conditions
Please use the space below to provide a brief st to share with the ZLR Committee regarding the	ummary of any comments, concerns, or observations you would like e proposal.
LAND That was moluded in	Swarter Mile Drive LLC as their agent of a prior Zoning procedure was Zone 1 RM-16 Zone 1 FP-35 As it is Soing to be Part of

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DATE of Meeting:	Your Name: James Chancellor
1-25-22	Your Mailing Address: 6729 Patton RL
	Wannakee WI 53573
	Your Phone #: 608-279-5584
Zoning Petition/CUP#: 07549	Your Email Address: james @ home comfort heating/le
그렇게 하는 점점하는 경기를 하고 있다면 하는데 하는데 하는데 하는데 하는데 되었다면 하는데	w to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a bit to share with the ZLR Committee regarding	rief summary of any comments, concerns, or observations you would like ng the proposal.

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DATE of Meeting: 1/25/22	Your Name: Larry Glusman
	Your Mailing Address: 111 E. Kilbourn Ave, Suite 1400
	Milwaukee, WI 53202
	Your Phone #: 414-225-1488
Zoning Petition/CUP#: 11787	Your Email Address: lglusman@dkattorneys.com
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summa to share with the ZLR Committee regarding the prop	ry of any comments, concerns, or observations you would like osal.
As attorney for the petitioner, I support the petition a to speak in support. I will attend to be available for	and accept the recommended conditions, but I do not feel I need information.

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DATE of Meeting: 1/25/20	Your Name: Thomas M Willan and Julia Willan
	Your Mailing Address: 4407 vilas Hope rd
	Cottage Grove WI 53527
	Your Phone #: 608-438-3103
Zoning Petition/CUP#: 11788	Your Email Address: tom@ironmanbuildings.com
Please check all appropriate boxes be applicable, your acceptance of any tox	low to indicate your interest in addressing the ZLR Committee and, if yn and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
✓ Available for Information	

Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.

There are no filed recomended conditions nor are there any written request for any specific conditions to be imposed as a condition of approval. We are clearly open to discussions to address concerns anyone may have. Our position is any of the permitted by right uses in FP-B zoning we choose, can not be a public nuisance by law therefore they cannot be an issue. We have give Dane County zoning staff had 10 years to fix our zoning, they chose not to fix it and decided they would site us for made up violations that are legal in the FP-B zoning district, and this is the legal way that allows that closure. like I have said, Julia and I have never harmed the public, been a public nuisance, or caused traffic problems and we have no intenmtion of doing that in the future. The conditions, this just like we told the Town Board, we will follow the zoning laws in accordance with permitted useage of FP-B and we will get different zoning or a conditional permit for other uses should we choose.

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Please submit completed forms by email at your earliest convenience. Attach your completed form to an email and send to:

roger@countyofdane.com.	
DATE of Meeting:	Your Name: Jason Fuller Your Mailing Address: POBOX 628455
	Middlean WI 53562
	Your Phone #: 68-370-4936
Zoning Petition/CUP#: 1789 102550	
	ndicate your interest in addressing the ZLR Committee and, if for staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Condition
Available for Information	
Please use the space below to provide a brief st to share with the ZLR Committee regarding the	ammary of any comments, concerns, or observations you would like
to share with the ZLR Committee regarding in	
The second secon	N FORM IS ONLY FOR APPLICANTS OR THEIR AGENTS!

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DATE of Meeting: 1/25/20	Your Name: Tom Magnuson
	Your Mailing Address: 2630 Prairie Ridge RD
	Verona WI 53593
	Your Phone #: 608-445-7361
Zoning Petition/CUP#: 11790	Your Email Address: [magpedal@aol.com
Wish to Speak in Support Wish to Register in Support Available for Information Please use the space below to provide a brief of share with the ZLR Committee regarding to	to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal. I Understand and Accept the Recommended Conditions I Do Not Understand and/or Accept the Recommended Conditions summary of any comments, concerns, or observations you would like the proposal.
Call me if you have any questions 608-445-7	361. Tom Magnuson.
	*

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DATE of Meeting: 1/25/22	Your Name: James McFadden	
.,_ _ ,	Your Mailing Address: 380 W Washington Avenue	
	Suite A	
	Your Phone #: (608) 251-1350	
Zoning Petition/CUP#: 11791	Your Email Address: james@mcfadden.com	
Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.		
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions	
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions	
Available for Information		
Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.		
Give a brief overview of the project		

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DATE of Meeting: 1/25/22	Your Name: GEORGE P. BOYER JR
7725722	Your Mailing Address: 6302 MILWAUKEE ST.
	MADISON, WI 53718
	Your Phone #: 608-332-7336
Zoning Petition/CUP#: DCPREZ-2021-11791	Your Email Address: americanautomadison@yahoo
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions
Wish to Register in Support I D	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summator share with the ZLR Committee regarding the prop	ry of any comments, concerns, or observations you would like osal.
Land owner of 533 Waterloo Rd. in Medina. Availa a rezone.	ble for all questions and concerns inregards to our petition for

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DATE of Meeting: 1/25/22	Your Name: Jeff Weigand	
	Your Mailing Address: 6113 N Lewellen St	
	Marshall, WI 53559	
	Your Phone #: 608-320-2822	
Zoning Petition/CUP#: 11791	Your Email Address: weigand.jeff@countyofdane.c	
Please check the appropriate box(es) below to indicate your position on the proposal.		
Wish to Speak in Support	Wish to Speak in Opposition	
Wish to Register in Support	Wish to Register in Opposition	
Avail	lable for Information	
Please use the space below to provide a brief sun proposal.	mmary of your comments and/or concerns regarding the	
As the County Board Supervisor representing the constituents who have contaced me with concern		
In additoin, being a resident of Marshall myself I have many concerns with this not being a good fit for the area. This location is a stones throw away from the Marshall Library and skate park which my wife and kids often frequent. Putting a heavy commercial property that close to the library and neighboring residential properties could cause safety and noise concerns in my opinion.		

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Your Name: Cory Buye
Your Mailing Address: 2921 Landmark Pl., Ste 215, #302
Madison, WI 53713
Your Phone #: 608-709-8355
Your Email Address: cory@buyelaw.com
ow to indicate your position on the proposal.
Wish to Speak in Opposition
Wish to Register in Opposition
ilable for Information
immary of your comments and/or concerns regarding the
dment and those generally intended for Heavy t with the other uses in the area. The zoning amendment residential condominium across the street.

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DATE of Meeting: 1/25/20	Your Name: Sue Peck
	Your Mailing Address: 579 Riverview Drive
	Marshall, WI 53559
	Your Phone #: 6086690397
Zoning Petition/CUP#: 11791	Your Email Address: snpeck@outlook.com
Please check the appropriate box(es) belo	w to indicate your position on the proposal.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
✓ Avai	lable for Information
Please use the space below to provide a brief surproposal.	mmary of your comments and/or concerns regarding the
why: 1. Degrading the current & future resident property. Communities take into account theirs communities had no intent that this lot would be remain residential to be consisent with the surro	& County & Marshall Comprehensive Plans. Primarly ial areas in the Village by promoting a HC use on this & surrounding economic development. I believe both e rezoned to a commercial use; hence the zoning should bunding neighborhood 2. Not requiring connection to use proximity of the property. (in violation of Medina policies) 3. no stormwater management plan is

provided. This lot and surrounding lots to the south of the property have been operated as commercial with nonconforming residential units on some of the lots for many years. Many of the structures have become delapitated. This lot did not have a residential unit, just a shed. This is an opportunity for the

Town to develop a good future land use plan to follow, versus spot rezoning to HC.

REMOTE MEETING APPLICANT REGISTRATION FORM

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Please submit completed forms by email at your earliest convenience. <u>Attach your completed form to an email and send to:</u> lane.roger@countyofdane.com.

DATE of Meeting: 1/25/22	Your Name: Jerod Bennett	
1,20,22	Your Mailing Address: 2935 S Fish Hatchery Rd #217	
	Fitchburg, WI 53711	
	Your Phone #: 608-212-0386	
Zoning Petition/CUP#: 11792	Your Email Address: jerod@alterrahomes.com	
	ate your interest in addressing the ZLR Committee and, if taff recommended conditions of approval on the proposal.	
Wish to Speak in Support I U	Inderstand and Accept the Recommended Conditions	
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions	
Available for Information		
Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.		

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DATE of Meeting: 1/25/2022	Your Name: Bruce Peckham	
	Your Mailing Address: N2007 Morter Rd	
	Lodi WI 53555	
	Your Phone #: 608-513-4845	
Zoning Petition/CUP#: 11793	Your Email Address: morterbp@gmail.com	
Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.		
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions	
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions	
Available for Information		
Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.		

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DATE of Meeting:	Your Name: Leslie Shalabi
January 25, 2022	Your Mailing Address: 2747 Jackson St.
, ,	Dubuque, 14 52001
	Your Phone #: 608 - 772 - 6552
Zoning Petition/CUP#: 11794	Your Email Address: Leslie. Shalabi @ gmail.co
* * *	ate your interest in addressing the ZLR Committee and, if taff recommended conditions of approval on the proposal.
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summa	ary of any comments, concerns, or observations you would like
to share with the ZLR Committee regarding the prop	posal.

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Please submit completed forms by email at your earliest convenience. Attach your completed form to an email and send to: lane.roger@countyofdane.com.

DATE of Meeting: 1/25/22	Your Name: Dennis Midthun
	Your Mailing Address: 13845 W Bullard Rd
	Your Phone #: 608-444-4797
Zoning Petition/CUP#: 11795	Your Email Address: midthun@/hotmail.com
	to indicate your interest in addressing the ZLR Committee and, if nd/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief to share with the ZLR Committee regarding	summary of any comments, concerns, or observations you would like the proposal.
Hello,	
Please postpone the sumbmittal, we are sligh	atly changing the location for spot zoning. (RR-2)
Thank you, Dennis Midthun	

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DATE of Meeting: 1/25/22	Your Name: Scott and Carla Fischer	
	Your Mailing Address: 5408 Langer Rd.	
	Marshall, WI 53559	
	Your Phone #: 608-695-5238	
Zoning Petition/CUP#: 11796	Your Email Address: fischerprice1@hotmail.com	
Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.		
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions	
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions	
Available for Information		
1	ary of any comments, concerns, or observations you would like	
to share with the ZLR Committee regarding the prop		
We attended the Township of Medina Zoning Commision meeting on 1/11/22 and due to some old verbiage in the township Comp plan they have decided to table our rezonging request until they can submit the updated verbiage to the County. The current verbiage requires a transfer of development rights to be done within the same owner of both properties. The township is in favor of our request to transfer development rights from my parents farm at 1376 Hwy 19, Marshall to our property at 5408 Langer Rd, Marshall, but they must first update the Comp Plan verbiage to allow transfers between different property owners so that Dane County can also approve it.		

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DATE of Meeting: 1-25-22	Your Name: A/AN FO It in AN
	Your Mailing Address: 527 Hills Re Rel
	Your Phone #: 4/4-397-4790
Zoning Petition/CUP#: 2548	Your Email Address: alanto Hmm of Gmal, Ca
그의 어떤 어린하면 그 전기 위에서 이번 보이에게 그렇게 되었다면 이 이렇게 이 되었는데 에센티를 하면 되지 않는 것이고 제어?	w to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a be to share with the ZLR Committee regarding	rief summary of any comments, concerns, or observations you would like
Share with the ZER Committee regards	ng the proposur.
d	

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DATE of Meeting:	Your Name: James Chancellor
1-25-22	Your Mailing Address: 6729 Patton RL
	Wannakee WI 53577
	Your Phone #: 608-279-5584
Zoning Petition/CUP#: 07549	Your Email Address: james @ home comfort heating/le
그들은 하는 점점하는 경험을 하고요? 하는데	w to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
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Please use the space below to provide a bit to share with the ZLR Committee regarding	rief summary of any comments, concerns, or observations you would like ng the proposal.
be to the second	

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roger@countyofdane.com.	
DATE of Meeting:	Your Name: Jason Fuller Your Mailing Address: PO Box 628455
	Middleton WI 53562
	Your Phone #: 408-370-4926
Zoning Petition/CUP#: 1789 10255	
	indicate your interest in addressing the ZLR Committee and, if /or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Condition
Available for Information	
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to share with the ZLR Committee regularity	
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DATE of Meeting: 1/25/20	Your Name: Mary Ellen Mackey								
1,720,20	Your Mailing Address: 648 Taylor Ln								
	Stoughton WI 53589								
	Your Phone #: 920-723-5132								
Zoning Petition/CUP#: 02551	Your Email Address: memaize@gmail.com								
Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.									
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions								
Wish to Register in Support	Oo Not Understand and/or Accept the Recommended Conditions								
Available for Information									
Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.									

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ZOOM REGISTRATION

Topic	Webinar ID	Scheduled Time	# Registered							
Dane Cou	936 2724 6212	1/25/2022 18:30	6							
Attendee	Details									
First Nam	Last Name	Email	City	Which petition number or agenda	Do you support or oppose t	Do you w	ish to spea	k?		
Buck	Sweeney	Csweeney@axley.com	Stoughton	2548 Eastman hunting club	Support	I do not want to speak but I am available for questions.				
Alan	Foltman	alanfoltman@gmail.com	EDGERTON	2548 EASTMAN HUNT CLUB	Support	I do not want to speak but I am available for questions.				
Jami	Erickson	jamiannerickson@gmail.com	Mount Horeb	11783	Support	I do not want to speak but I am available for questions.				
Elisabeth	Mensink	lisa.hilfiker.mensink@gmail.com	Madison	11791	Neither	No, I do not want to speak.				
James	McFadden	mcfaddenarchitect@gmail.com	Madison	11791	Support	Yes, I want to speak.				
Lonnie	Benesch	skbenesch@frontier.com	Waterloo	DCPCUP-2021-02550	Oppose	Yes, I want to speak.				