#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

	-
DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Alyx Alfson
	Your Mailing Address: W12400 Northern Cross Arm, Lodi, WI, 5355
	Your Phone #: 608-843-6898
Zoning Petition/CUP#: 2563	Your Email Address: Alyxhaasl@gmail.com
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	able for Information
Please use the space below to provide a brief sum proposal.	nmary of your comments and/or concerns regarding the
proposal.	

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DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Abbey Alfson	
	Your Mailing Address: 806 Lynn St, Waunakee, WI 53597	
	Your Phone #: 608-843-2611	
Zoning Petition/CUP#: 2563	Your Email Address: chris.alfson@yahoo.com	
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	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.		
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DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Bruce Alfson	
	Your Mailing Address: W12400 Northern Cross Arm, Lodi, WI, 5355	
	<b>Your Phone #:</b> 608-843-1769	
Zoning Petition/CUP#: 2563	Your Email Address: ericalfson@yahoo.com	
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	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the		
proposal.		

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DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Bailey Alfson	
	Your Mailing Address: 806 Lynn St, Waunakee, WI 53597	
	Your Phone #: 608-843-2611	
Zoning Petition/CUP#: 2563	Your Email Address: chris.alfson@yahoo.com	
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	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the		
proposal.		

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DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Cashton Alfson	
	Your Mailing Address: W12400 Northern Cross Arm, Lodi, WI, 5355	
	Your Phone #: 608-843-1769	
Zoning Petition/CUP#: 2563	Your Email Address: ericalfson@yahoo.com	
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	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the		
proposal.		

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Chris Alfson	
	Your Mailing Address: 806 Lynn St, Waunakee, WI 53597	
	Your Phone #: 608-843-2611	
Zoning Petition/CUP#: 2503	Your Email Address: chris.alfson@yahoo.com	
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	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.		
proposition		

## REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: MOY 24TH 2022  at 6:30 PM	Your Name: Noah Alfson	
	Your Mailing Address: 806 Lynn St, Waunakee, WI 53597	
	Your Phone #: 608-843-2611	
Zoning Petition/CUP#: 2563	Your Email Address: chris.alfson@yahoo.com	
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	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.		
proposasi		

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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

	-	
DATE of Meeting: MOY 24TH 2022  Qt 6:30PM	Your Name: Owen Alfson	
	Your Mailing Address: 806 Lynn St, Waunakee, WI 53597	
	Your Phone #: 608-843-2611	
Zoning Petition/CUP#: 2563	Your Email Address: chris.alfson@yahoo.com	
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	
Available for Information		
Please use the space below to provide a brief sum proposal.	mary of your comments and/or concerns regarding the	

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 24 <sup>TH</sup> 2022 at 6:30 pm	Your Name: Renee Alfson	
	Your Mailing Address: 806 Lynn St, Waunakee, WI 53597	
	Your Phone #: 608-843-2611	
Zoning Petition/CUP#: 2563	Your Email Address: chris.alfson@yahoo.com	
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	
Available for Information		
Please use the space below to provide a brief summary of your comments and/or concerns regarding the		
proposal.		
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Members of the public 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

	Your Name: CAMS A-WEN
	Your Mailing Address: FWBS 7 FN 750 MA
	13/9 JONIFONST.
	MAD 180N 1813 203
	Your Phone #: 510-735-7477
Zoning Petition/CUP#: 2503	Your Email Address:
Please check the appropriate box(es) be	elow 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
A	vailable for Information
Diagonas the space below to provide a brief	summary of your comments and/or concerns regarding the
proposal.	summary of your comments and of concerns regarding me

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 24TH 2022 at 6:30 pm	Your Name: AL BACAMANN Your Mailing Address: 3927 OLD STONE RD
Zoning Petition/CUP#: 2563	Your Phone #: 608-576-5961  Your Email Address: abachman bachman
Please check the appropriate box(es) below	ow 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
Please use the space below to provide a brief st	ailable for Information  ummary of your comments and/or concerns regarding the
I live across the road from problem with the QUARA quarry may man me DUR world NEEDS	the dutager and I have no exercision. I realize a larger over truth trathic but that oxal.
	Al Smar.

# REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Chreen Basna Your Mailing Address: 1748 wst vd 81
A A STATE OF THE S	Your Phone #: US 5350096
Zoning Petition/CUP#: 2563	Your Email Address: pashocam agmail
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
	Available for Information
Please use the space below to provide a brie	of summary of your comments and/or concerns regarding the
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#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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 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  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Your Phone #: WS 490 1365  Your Email Address: 80 ( 2 2nd Aue Brockhedd (N/63)  Your Phone #: WS 490 1365  Your Email Address: Flease 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  Available for Information		
Your Phone #: WOS 400 355  Your Email Address:  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Vour Phone #: WOS 400 1365  Your Email Address:  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	ATE of Meeting: MAN 1211TH 2027	Your Name: Chey Becherer
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	at (0:30 pm	Your Mailing Address: 801 & 2nd AVE
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the		Brodhead M53
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the		Your Phone #: WOS 490 1355
Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	oning Petition/CUP#: 2563	Your Email Address:
Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es) b	elow to indicate your position on the proposal.
Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Speak in Support	Wish to Speak in Opposition
Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Register in Support	Wish to Register in Opposition
proposal.	proposati	Please use the space below to provide a brief	
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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

at 6:30 pm	Your Mailing Address: 17618 W Strd81 Brodwad V1 53
	Your Phone #: 108 535 00 98
ning Petition/CUP#: 2503	Your Email Address:
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
Wish to Register in Support	
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Please use the space below to provide a bri	Available for Information
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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

DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: NUISWStrd 81
	Brothead W 539
	Your Phone #: 608 H90 1338
Zoning Petition/CUP#: 2563	Your Email Address: Joeuniver @ ymoli.
Please check the appropriate box(es) b	elow 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
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Please use the space below to provide a brief	summary of your comments and/or concerns regarding the
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	Your Phone #: U08490 1404
ng Petition/CUP#: 2563	Your Email Address:
Please check the appropriate box(es) b	pelow 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
Please use the space below to provide a brief	Available for Information  f summary of your comments and/or concerns regarding the
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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

TE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 1170/st vol 81 Brodhead W 53
	Your Phone #: 404 449 0240
ning Petition/CUP#: 2563	Your Email Address:
Please check the appropriate box(es) t	pelow to indicate your position on the proposal.
Wish to Speak in Support	Wish to Speak in Opposition
$\prec$	Wish to Register in Opposition
Wish to Register in Support	Wish to register in opposition
	Available for Information
Please use the space below to provide a brie	
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Please use the space below to provide a brie	Available for Information
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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

TE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: James Bongard  Your Mailing Address: 1321 Rec Tail Dr . Verona, WI 53593
ing Petition/CUP#: 2563	Your Phone #: 608-444-6984  Your Email Address: Jtbongard@gmail.com
	pelow 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
	1111 C. T. C
A	Available for Information  f summary of your comments and/or concerns regarding the
Please use the space below to provide a brief	f summary of your comments and/or concerns regarding the
Please use the space below to provide a brief proposal.	f summary of your comments and/or concerns regarding the
Please use the space below to provide a brief proposal.	f summary of your comments and/or concerns regarding the
Please use the space below to provide a brief proposal.	f summary of your comments and/or concerns regarding the

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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

ATE of Meeting: MON 12LTH 2007	Your Name: jared braaten
ATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 306 century In footvil
	wi
	Your Phone #: 608-205-7179
oning Petition/CUP#: 2563	Your Email Address: jared.braaten@gmail.com
Please check the appropriate box(es) b	elow 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
A	vailable for Information
Please use the space below to provide a brief	summary of your comments and/or concerns regarding the
proposal.	

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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

at 6:30 pm	Your Mailing Address: 326 OAKWOOD Dn.
	Your Phone #: 523 - 570 - 795 935
oning Petition/CUP#: 2563	Your Email Address:
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
	The state of the s
_	Available for Information
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	Available for Information of summary of your comments and/or concerns regarding the
Please use the space below to provide a brice	
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Please use the space below to provide a brief	

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee. 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: 5/16/22	Your Name: Hunter Bush HB Hauling
	Your Mailing Address: 582 Hwy 14 Brooklyn, WI 5352
Zoning Petition/CUP#: 2563	Your Phone #:  Your Email Address:
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
proposal.	mary of your comments and/or concerns regarding the
just started hauling and I know this pit would wor	uld like a closer pit to purchase material from since I ck for the next 25 years if CUP is approved.

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 1747 2027	Your Name: Angela Buss
DATE of Meeting: MON 24TH 2027 OF 6:30 PM	Your Mailing Address: 3577 S. Hope Rd. Cottage Gro
	WI 53527
	Your Phone#: 608 577-1901
Zoning Petition/CUP#: 2563	Your Email Address: bussangela@yahoo.com
Please check the appropriate box(es) below	v 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	able for Information
Please use the space below to provide a brief sum proposal.	nmary of your comments and/or concerns regarding the

# DANE COUNTY ZONING & LAND REGULATION COMMITTEE REMOTE MEETING PUBLIC RÉGISTRATION FORM

Members of the public 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

DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Mailing Address: Gretchenabussegm
Zoning Petition/CUP#: 2563	Your Phone #: 608-577-1436  Your Email Address: 3577 SHOPEND  OHOGE Grove, wi S  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
Please use the space below to provide a brie proposal.	of summary of your comments and/or concerns regarding the
Proposition	
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# DANE COUNTY ZONING & LAND REGULATION COMMITTEE REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: MCMOLE BUSS Your Mailing Address: 3577 S HOPE
Zoning Petition/CUP#: 2563	Your Phone #: 608-577-0547  Your Email Address: Nichalebuss 2@gma
Wish to Speak in Support	elow to indicate your position on the proposal.  Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
ПА	vailable for Information
	summary of your comments and/or concerns regarding the
proposal.	1
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#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 1747 2027	Your Name: Steve Buss
DATE of Meeting: May 24 <sup>th</sup> 2022 at 6:30 pm	Your Mailing Address: 3577 S. Hope Rd. Cottage Gro
	WI 53527
	Your Phone#: 608 577-1902
Zoning Petition/CUP#: 2563	Your Email Address: stevebuss69@yahoo.com
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
Availal	ble for Information
Please use the space below to provide a brief sumr proposal.	mary of your comments and/or concerns regarding the
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# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

D. mm (24 - 1 - 1 1 2	Your Name: PAYLA CARRIER
DATE of Meeting: May 24 <sup>TH</sup> 2022 at 6:30 pm	Your Mailing Address: 131 DAKOTA 5T.
3. Q 50 First	EDGERTON, WI
	Your Phone #: 608-884-8468
Zoning Petition/CUP#: 2563	Your Email Address: Pawas 35340 aw loom
Please check the appropriate box(es) bo	elow 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
A	vailable for Information
proposel	summary of your comments and/or concerns regarding the
I am in support of	young petition application 2563, my Expansion. I have seen  Dane County the demand for y (hauling) costs are out of control your old dist etc. The need for
Kown Halm & his qua	my Expansion. I have been
in half Rock Court	Dane County the demand our
Charles retired & Shipper	y (baulin) cost are out of control
Lex soho needin Noch, o	wowl dist ste. The reed for
was delivery is great.	Mr. Habr is a reputable, hard working,
	owner. I support
	tho!
	Paule Carin

# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

	The state of the s
DATE of Meeting: MOV 1 21 17H 2 M2	Your Name: Susan Courter
DATE of Meeting: MOY 24 <sup>th</sup> 2022 at 6:30 pm	Your Mailing Address: 17054 State Huy 178
	Jim Falls, WI 5474
	Your Phone #: 715.450 -3669
Zoning Petition/CUP#: 2563	Your Email Address: Susane courtervesource
Please check the appropriate box(es) belo	ow 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
	silable for Information
proposal.	immary of your comments and/or concerns regarding the
Aggregates are vital.	to our economy, but are
not located in all as	eas. The lenter hose chang
expansion ensures acc	ess to a Gordable, quelity where - for transportation, water, education, utilities
acqueates into the f	where - for transportation,
shelter, business, clean	under, education, utilities
and other purposes. F	lease Juppert!

# REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: May 1 21 17 2 007	Your Name: Susan Courter
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 17-054 State Huy 178
	Jim Falls, WI 547
	Your Phone #: 715.450 - 3669
Zoning Petition/CUP#: 2563	Your Email Address: Susane courtervesource
Please check the appropriate box(es) be	(Susan ecourkryesource.con low 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
∑ Av	ailable for Information
	summary of your comments and/or concerns regarding the
proposal.	
Aggregates are vital	to our economy, but are
not located in all a	reas. The Center Rosa Crumy
examples ensures ac	cess to a Gordable, quelity
accessed into the f	Tuture - for transportation,
Shelter, business, clear	cesa to a Gordable, quelity Future - for transportation, muster, education, utilities
and other purposes. &	Please oupport!

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee.

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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. Your Name: DATE of Meeting: May 24th 2021 at 6:30 pm Your Mailing Address Your Phone #: Zoning Petition/CUP#: 2563 ow W.Co Your Email Address: Please check the appropriate box(es) below to indicate your position on the proposal. Wish to Speak in Opposition Wish to Speak in Support Wish to Register in Opposition Wish to Register in Support Available for Information Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.

## REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee.

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DATE of Meeting: MOVI 211TH 2027	Your Name: CAMMEN P. CMZ
DATE of Meeting: MOY 24TH 2022  at 6:30 PM	Your Mailing Address: 3971 Nastonled
	oregonin 53575
	Your Phone #: 608-135-6(83
Zoning Petition/CUP#: 2563	Your Email Address: CM2Ca 0598 agmail .Cu
Please check the appropriate box(es) be	elow 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
A	vailable for Information
Please use the space below to provide a brief proposal.	summary of your comments and/or concerns regarding the
expanded Quarry.	ranare no issuswiman

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: MON 174TH 2027	Your Name: SARAH DUDHAM
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 5207 Speep Dro
	Teail Tritchburg 53
	Your Phone #: 608-335 2055
Zoning Petition/CUP#: 2563	Your Email Address: South Dudrand
Please check the appropriate box(es) be	elow 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
☐ A	vailable for Information
Please use the space below to provide a brief	summary of your comments and/or concerns regarding the
proposal.	

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: MON 174TH 2027	Your Name: SARAH DUDHAM
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 5207 Speep Dro
	Teail Tritchburg 53
	Your Phone #: 608-335 2055
Zoning Petition/CUP#: 2563	Your Email Address: South Dudrand
Please check the appropriate box(es) be	elow 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
☐ A	vailable for Information
Please use the space below to provide a brief	summary of your comments and/or concerns regarding the
proposal.	

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: MON 24TH 2022 at 6:30 pm	Your Name: Dylan Your Mailing Address: & N9313 wild OAK Ro Belleville, WI
	Your Phone #: 608-228-5401
Zoning Petition/CUP#: 2503	Your Email Address:
Wish to Speak in Support  Wish to Register in Support	Wish to Speak in Opposition  Wish to Register in Opposition  Wish to Register in Opposition  Available for Information  f summary of your comments and/or concerns regarding the
I with to	support this as I
believe it	support this as I

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

OATE of Meeting: May 24TH 2022 OH 6:30 PM	Your Name: MARILYN Elver Your Mailing Address: 709 Woodlaw MADISON Wt 53716
	Your Phone #:
oning Petition/CUP#: 2563	Your Email Address: MElver 709@ Smark
Please check the appropriate box(es) b	elow 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
A	vailable for Information
San Carlos and Advantage Control	available for Information  f summary of your comments and/or concerns regarding the
Please use the space below to provide a brief	
Please use the space below to provide a brief	
Please use the space below to provide a brief	
Please use the space below to provide a brief	
Please use the space below to provide a brief	

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 1747 2007	Your Name: LYNN A. FEHEREY	. /
DATE of Meeting: MOY 24TH 2022  Qt 6:30PM	Your Mailing Address: 3803 MONONA ON #	) (
	Manona W1 53718	
	Your Phone #: 608-576-5912	
Zoning Petition/CUP#: 2563	Your Email Address: garlynn 64@ gmail. Cor	n
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	
proposal.	mmary of your comments and/or concerns regarding the	
Ne need Quarry daily. Thank you.	products almost	

DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Toda Finstad Your Mailing Address: 4493 OAKHII Rd OLEGON Wis. 53575
Zoning Petition/CUP#: 2503	Your Phone #: 608-219-8125  Your Email Address: finbone 55 @gmail.com elow to indicate your position on the proposal.
riense encen enc appropriate box(cs) be	cion to mulcate your position on the proposat.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition vailable for Information
Wish to Register in Support  Av  Please use the space below to provide a brief proposal.	Wish to Register in Opposition  vailable for Information  summary of your comments and/or concerns regarding the
Wish to Register in Support  Av  Please use the space below to provide a brief proposal.	Wish to Register in Opposition vailable for Information

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee. 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: 5/16/22	Your Name: Garth frednberg Trucking
	Your Mailing Address: 929 MESH DRIVE
	OREGON, WI 53575
	Your Phone #:
Zoning Petition/CUP#: 2563	Your Email Address:
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	able for Information
Please use the space below to provide a brief sum proposal.	mary of your comments and/or concerns regarding the
1 -	impsite to dispose concrete to recycle seeing dane will go through because I would like to have a closer

REMOTE MEETING PUBLIC REGISTRATION FORM Members of the public must fill out this form prior to participating in a remote meeting of the zoning commence.

IMPORTANT: please download and save this form and then fill out using Adobe Reader. You may also print out the form and fill 0 in by hand. Please submit completed forms by small at your earliest convenience. Attach your completed form to an email and send to: lane reger@countyofdane.com Your Name: Tom Gary DATE of Meeting: May 24th 2022 at 6:30 pm Your Mailing Address: 155 Bublitz Rd Edyaton, WI 53534 Your Phone #: 608-358-3919 Your Email Address: fom @ paris construction Zoning Petition/CUP#: 2563 Please check the appropriate box(es) below to indicate your position on the proposal. Wish to Speak in Opposition Wish to Speak in Support Wish to Register in Opposition Wish to Register in Support Available for Information Please use the space below to provide a brief summary of your comments and/or concerns regarding the I have worked with Kevin on sevent projects ofor the years. I have found him to be honest and good to war with, I believe he would be twee to his word and follow through with what he promises in regards to expanding proposal. his pit Hom Dry

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Scott Glersfenning Your Mailing Address: 15540 County Shap Road
Zoning Petition/CUP#: 2503	Vour Phone #: 608.482.2395  Your Email Address: 539708@gmail.com
Please check the appropriate box(es) be	low 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
	ailable for Information summary of your comments and/or concerns regarding the
well run companies, especially	sting pit and quarries by reputeable & when there could be the possibility and a more affordable source of

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

Your Phone # (LOB) 693-0595  Your Phone # (LOB) 693-0595  Your Email Address: Qualique Hro kid Q gmailer  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.	ATE of Meeting: MOV 1211TH 2027	Your Name: CASEY GRABY
Vour Phone # (608) 693-0595  Zoning Petition/CUP#: 2563  Your Email Address: Qualique Hour Register of Vour Email	DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 491 LUCEPNE DR.
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the		VERONA, WI 53593
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the		Your Phone # (608) 692-0595
Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Support  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Coning Petition/CUP#: 2563	Your Email Address: Qualique Hould & gmaile
Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es) be	low to indicate your position on the proposal.
Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Speak in Support	Wish to Speak in Opposition
Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Register in Support	Wish to Register in Opposition
	Av	vailable for Information
proposal.		summary of your comments and/or concerns regarding the
	proposal.	
		1
		1

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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

DATE of Meeting: May 174TH 2027	Your Name: Lyndsy Grady
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 491 Lucerne Dr.
	Verona, WI 53593
	Your Phone #: (608) 698-4675
Zoning Petition/CUP#: 2563	Your Email Address: Jyndy _allen@yahoo.com
Please check the appropriate box(es) be	elow 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
A	vailable for Information
Please use the space below to provide a brief	summary of your comments and/or concerns regarding the
proposal.	
Taring by a Quar	ry for about 10 yrs of my life. Never
T 2000 01 3	t and that it's a minor issue
buthered my family o	or myself, we sit a significant
there before we built	t and that it's a mind 1300
To all la la ond	108017 0 112 00 1 1011
We heed was	id the hurly had of the counters
would hurt that ar	12 712 10019
who have put their	lives into this work.

### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

.roger@countyofdane.com.	
DATE of Meeting: May 24TH 2022  at 6:30 PM	Your Name: Keith A. Gunby. Your Mailing Address: 2644 County Rd E
Zoning Petition/CUP#: 2563	Your Phone #: 608-438-4172 Your Email Address: Vetlap @ earthlinkingt
	low 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
	vailable for Information summary of your comments and/or concerns regarding the
Both the work that No for people & the comme them to be able to a that when the comme that whey do.	elson Excavating does at their support unity makes it important for ontique a expand the work

### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: MOY 24TH 2022  Of 6:30 PM  Zoning Petition/CUP#: 2563	Your Name: Jessica Gunby  Your Mailing Address: 2644 County Road E
	Your Phone #: (608) 438-4173  Your Email Address: jgunbydvm@gmail.com
Please check the appropriate box(es) be	elow 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
	vailable for Information summary of your comments and/or concerns regarding the
I have known Kevin and his family for the past five years and used Nelson Excavating unexpectedly affected by heavy winds and had become dangerous. He fit our removal p His crew was efficient, clean, and easy to work with. They did an excellent job for us. I have served on our local township's land use committee in the past and I know how im	and Sons for removal of a silo on our farm this past fall. Kevin operates a safe and careful crew. Our aging silo was project into his busy schedule, making our safety his priority, when other businesses wouldn't even return our calls.  apportant permit decisions are. I have no hesitation in supporting a permit for expansion of Nelson Excavating's elopmental need in our community. Kevin has shown himself to run an above board business which will only

# DANE COUNTY ZONING & LAND REGULATION COMMITTEE REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

at 6:30 pm	Your Name: Devin Hahn Your Mailing Address: 439 Center Road Ore WI, 53575
	Your Phone #: 606 -333-2387
oning Petition/CUP#: 2563	Your Email Address:
Please check the appropriate box(es) be	elow 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
Please use the space below to provide a brief proposal.	summary of your comments and/or concerns regarding the
PF	

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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

lane.roger@countyofdane.com.	
DATE of Meeting: May 24TH 2022 at 6:30 pm	Your Name: JSSICA Hoho Your Mailing Address: 439 CFDIFE DD
at 6:30pm	101 04-04-2
	OVIEDO WI, SEST
	Your Phone #: (008-501-5359)
Zoning Petition/CUP#: 2503	Your Email Address: JESS and brif 90 a
Please check the appropriate box(es) belo	ow to indicate your position on the proposal. Gracil.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
Ava	ilable for Information
Please use the space below to provide a brief su proposal.	mmary of your comments and/or concerns regarding the
KEWIN has workED	Viry hard To Risach a
Commond ground a	DITH RESIDENTS. HE Has
BEED UNDERSTANDING	CND had done all he
Can To TRY and	
Which has been don't	Grief FOR SOME PRESIDENT

#### 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: 5-24-2022	Your Name: Kevin Hanson
3 2 . 2322	Your Mailing Address: 1939 Lewis rd
	Mt.Horeb WI 53572
	Your Phone #: 608-206-6647
Zoning Petition/CUP#: 11825	Your Email Address: kevinhanson2@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	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 losal.

NOTE: THIS MEETING REGISTRATION FORM IS ONLY FOR APPLICANTS OR THEIR AGENTS!

This registration form may be used by the ZLR Committee to assist in determining if your proposal is eligible for inclusion on a consent agenda. Multiple zoning petitions on a consent agenda may be recommended for approval through a single motion of the committee, thus expediting the meeting.

To be eligible for inclusion on a consent agenda, there must be:

- 1. No public opposition to the proposal;
- 2. No unresolved questions/issues by committee members or staff;
- 3. Town action has been received and no concerns noted by the town in their approval;
- 4. Applicant acknowledgment and acceptance of any recommended conditions

Petitions without town action may also be included on a consent agenda and recommended for postponement to a future meeting.

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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

DATE of Meeting: May 1711TH 2027	Your Name: Derick Hartman
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 1601 E 5th Ave
	Brodhead WI
	Your Phone #: 608-558-6811
Zoning Petition/CUP#: 2563	Your Email Address: Derickhartman Egmail. ro
Please check the appropriate box(es) b	pelow 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
	Available for Information
Please use the space below to provide a brie	f summary of your comments and/or concerns regarding the
proposal.	i sullimitary of your commons und of concerns and

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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

	Your Phone #: 608-490-0508  Townline & Broad
ng Petition/CUP#: 2563	Your Email Address: Maskisay@gmail.com
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
	Available for Information
Please use the space below to provide a brief	of summary of your comments and/or concerns regarding the
proposal.	

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DATE of Meeting: MOV 1211TH 2027	Your Name: Nova Hellenbround
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 8440 Market St APt 215
	Middleton WI
	Your Phone #: (608) 333-7404
Zoning Petition/CUP#: 2563	Your Email Address: nhellenbrand@yahov-cov
Please check the appropriate box(es) be	low 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
Av	vailable for Information
Please use the space below to provide a briefs	summary of your comments and/or concerns regarding the
proposal.	administry of your commons and or concorns regarding the

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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

ATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: HOCHON HILL Your Mailing Address: 487 Centerro
	Your Phone #: 608-455-1875
Coning Petition/CUP#: 2563	Your Email Address:
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
	Available for Information
Please use the space below to provide a brie proposal.	of summary of your comments and/or concerns regarding the
proposition	

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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. Your Name: DATE of Meeting: MOY 24TH 202 Your Mailing Address: Your Phone #: Zoning Petition/CUP#: 2503 Your Email Address: Please check the appropriate box(es) below to indicate your position on the proposal. Wish to Speak in Opposition Wish to Speak in Support Wish to Register in Support Wish to Register in Opposition Available for Information Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.

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Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	oger a country or danier com.	
Vour Phone #: \( \square \) \(	ATE of Meeting: MOY 24TH 2022 at 6:30 pm	0.015.2 1/01.2
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the		Dregon, WI 5
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the		Your Phone #: 48-4513-0589
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  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	oning Petition/CUP#: 2563	Your Email Address: \Queen.jacobSon126
Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es)	below to indicate your position on the proposal.
Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	A STATE OF THE PROPERTY OF THE	
Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Register in Support	Wish to Register in Opposition
		Available for Information
	Please use the space below to provide a br	ief summary of your comments and/or concerns regarding the
proposal.	proposal.	
	W. Y	

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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

OATE of Meeting: MOY 24TH 2022 OA (0:30 PM	Your Name: WAILY Jankoushi Your Mailing Address: 101 8th 37 Wangkee, WI
Zoning Petition/CUP#: 2563	Your Phone #: 608. 312 - 6583  Your Email Address:
Please check the appropriate box(es) b	elow 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
A	vailable for Information

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Members of the public 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

DATE of Meeting: May 24TH 2027 at 6:30PM	Your Name: August Kellerman
at 6:30 pm	Your Mailing Address: 3568 Old Stone Rd.
	Oregon Wi 53575
	Your Phone #: 60 3-960-0017
Zoning Petition/CUP#: 2563	Your Email Address: the platinum red stone agmuil
Please check the appropriate box(es) below	w to indicate your position on the proposed
Wish to Speak in Support	Wish to Speak in Opposition
Wigh to Posistor in Control	
Wish to Register in Support	Wish to Register in Opposition
Avail	able for Information
Please use the space below to provide a brief sum	nmary of your comments and/or concerns regarding the
proposal.	y cary and control regulating the
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#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

	D 1 1 1/. A
ATE of Meeting: May 24TH 2022 at 6:30 pm	Your Name: Rbd Kellerman
at' 6:30 pm	Your Mailing Address: 3868 Old Stone Rd.
	Oregon, W1 53575
	Your Phone #: 608-338-9616
oning Petition/CUP#: 2563	Your Email Address: T. K2 out 6005@ gmail.com
Please check the appropriate box(es) be	elow 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
☐ As	vailable for Information
Please use the space below to provide a brief	summary of your comments and/or concerns regarding the
proposal.	

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the soning 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

DATE of Meeting: May 24TH 2022 at 6:30 PM	Your Name: Kerri Kellerman Your Mailing Address: 3268 Old Stone Rd Oregon, WI 53575
Zoning Petition/CUP#: 2563	Your Email Address: V. Kout door 52 2 gmail. Con
Please check the appropriate box(es) below	
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
Availa	able for Information
Please use the space below to provide a brief sum proposal.	mary of your comments and/or concerns regarding the
aggregate for roads	and construction.

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

ane.roger@countyordane.com.	
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Clase Katlow Sci
at 6:30 pm	Your Mailing Address: 22 N 15h St
	la Crosse WI 54601
	Your Phone #: Chasekski @ smail. 20m
Zoning Petition/CUP#: 2563	Your Email Address: 608 - 513 - 2622
Please check the appropriate box(es) be	low 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
☐ Av	railable for Information
Please use the space below to provide a brief s proposal.	summary of your comments and/or concerns regarding the
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#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

mane.roger/ageountyordanie.com.	
DATE of Meeting: May 24TH 2022 at 6:30 pm	Your Mailing Address: 202 Chalct St
	Stoughton w 5368
and the second second	Your Phone #: 608-669-2744
Zoning Petition/CUP#: 2563	Your Email Address: Kotloru & SACIL CO
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
Avail	lable for Information
Please use the space below to provide a brief surproposal.	mmary of your comments and/or concerns regarding the
TOUR TWO SHORTER	Miles and broken and
I Brown On Franch	

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

Your Name: Christing Kotlowski Your Mailing Address: 3062 Shadysid Dr Stoughton W1 5358
Your Phone #: 408-444-5500  Your Email Address: Christine a Kotlan State
elow to indicate your position on the proposal.
Wish to Speak in Opposition
Wish to Register in Opposition
vailable for Information
summary of your comments and/or concerns regarding the
apport! The company is top much needed product and
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### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

roger@countyofdane.com.	1 1 44.
ATE of Meeting: MON 174TH 2022	Your Name: Myranda Kotlowski
ATE of Meeting: MON 24 <sup>TH</sup> 2022 Qt 6:30 PM	Tour Maning Floor
	Stoughton W152
	Your Phone #: 408.501-1388
ning Petition/CUP#: 2563	Your Email Address: My anda Kotlawski & Mail C
	elow 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
Па	vailable for Information
Please use the space below to provide a brief	summary of your comments and/or concerns regarding the
proposal.	
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REMOTE MEETING PUBLIC REGISTRATION FORM Members of the public must fill out this form prior to participating in a remote meeting of the coning 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 small at your earliest convenience. Attach your completed form to an email and send to: Your Name: T. M KoHowski Your Mailing Address: 202 StradySide Dr DATE of Meeting: MON 24TH 2022 at 6:30 PM Stoughton WI 53589 Your Email Address: mobile dotto to. not Zoning Petition/CUP#: 2563 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 Available for Information Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal. This is a no brainer. Fabulous operators and quality work.

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee. 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: 5/16/22	Your Name: Lange Trucking
5 <b>5</b> , 1 <b>5, 1</b>	Your Mailing Address: 582 Hwy 14 Brooklyn, WI 5352
	Your Phone #:
Zoning Petition/CUP#: 2563	Your Email Address:
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 sur proposal.	mmary of your comments and/or concerns regarding the
Hopefully the CUP will go through because I we	ould like a closer pit to purchase material from.

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: May 24TH 2022  Oct 6:30pm	Your Name: John Luxon Your Mailing Address: 3868 Old Hone Rd Oregon, WF Your Phone #: 920-889-0667
Zoning Petition/CUP#: 2563	Your Email Address: Jrs 1 ban @ fol. Cam
Please check the appropriate box(es) below	v 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
Please use the space below to provide a brief sun proposal.	able for Information nmary of your comments and/or concerns regarding the
support his hard u	siness owner, I support 663, for Kevin Hahn, I vork to expand the ributions ne can and ane County Comunity State have many each need different

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee. 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: 5/16/22	Your Name: Mary's Trucking Inc
3 GITOILL	Your Mailing Address: 3759 Robert nelson lane
	Deefield, WI 53531
	Your Phone #:
Zoning Petition/CUP#: 2563	Your Email Address:
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
Please use the space below to provide a brief sum proposal.	mary of your comments and/or concerns regarding the
county is all for being green. Hopefully the CUP	mpsite to dispose concrete to recycle seeing dane will go through because I would like to have a closer mptrucks I am postive that the truckers would like a

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: MON 24 <sup>TH</sup> 2022 at 6:30 pm	Your Name: Kaine McNett Your Mailing Address: 1100 John P. livesey Blu
Zoning Petition/CUP#: 2563  Please check the appropriate box(es) below	Verona, WI 53593  Your Phone #: 608-400-5574  Your Email Address: Kaire Malker constraint of the proposal
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
Please use the space below to provide a brief sump	ble for Information mary of your comments and/or concerns regarding the
I am in Fewer of the construction requirements in area is expending quickly to keep the 3 upply of and continue to expend to	the invedicte area. The local are local pits are necessary grayte at a stubble level le area.

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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. Attach your completed form to an email and send to: <a href="mailto:lane.roger@countyofdane.com">lane.roger@countyofdane.com</a>.

DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Beth Medes Your Mailing Address: 2359 Whiteook Tr.
	Your Phone #: 608-287-8464
Zoning Petition/CUP#: 2563	Your Email Address: Goth Market & Yahos. Com
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
	Available for Information
Please use the space below to provide a bri	ef summary of your comments and/or concerns regarding the
proposal.	

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: MON 174TH 2007	Your Name: Zach Mender
DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Mailing Address: 2359 White Oak Tr
	Oregon WI 53575
	Your Phone #: 608 - 843 - 9704
Zoning Petition/CUP#: 2563	Your Email Address: Mender Farms Damail. c
Please check the appropriate box(es) be	elow 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
☐ A	vailable for Information
Please use the space below to provide a brief	summary of your comments and/or concerns regarding the
proposal.	Jaminary of your commons and or concerns regarding and

### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remost treeting of the centing committee.

IMPORTANT: please download and neve this form and that fill out using Aduba Reader. You may also print out the form and fill it in by hand.

Please submit completed forms by ensail at your surfices conveni	ence. Attach your completed form to an easing and community
lane esseriborantrofilane.com	
DATE of Meeting: MOU 24TH 2022	Your Mailing Address: HOLO Cospose Dr
DATE of Meeting: May 24th 2022 at 6:30 pm	
	Mudison 53719
	Your Phone #: 608 333 2617
	Your Email Address: mastroodie 45 hoordin
Zoning Petition/CUP#: 2563	
Please check the appropriate box(es) belo	ow 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
Ava	ilable for Information
	s s and/or concerns regarding the
	mmary of your comments and/or concerns regarding the
proposal.	
Ol lulias on t	Le Gil in and let them dig. 1
Put restrictions on	he fill in and let them dig.



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Members of the public 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

Your Name: Nathan Minor - Drainage Doctor Your Mailing Address: 416 W Red Pine Cir  Dousman, WI 53118  Your Phone #: 6085762369  Your Email Address: nathan@drainagedoctor.com  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding	
Your Phone #: 6085762369  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information	
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information	
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information	
Wish to Speak in Support  Wish to Speak in Opposite  Wish to Register in Support  Available for Information	
Wish to Register in Support  Wish to Register in Oppos  Available for Information	
Available for Information	ion
	sition
proposal.	ng the
Drainage Doctor is a small Stormwater Managment Company that provides a Vital maintenance service across southern Wisconsin. We rely on quarries around south Wisconsin to provide rip-rap (6-24 inch stone) for all of our commercial stormwater BMP's around Wisconsin. A BMP is a "Best Management Practice" required by to keep our lakes and streams clean and to reduce flooding in our state. Stormwater BMP's are found on almost every commercial development and most large resident developments in Wisconsin. Most people see them as stormwater ponds or Dry basins. Almost all of these wet and dry basins use stone rip-rap as a functioning part of success. This stone collects sediment and reduces erosion. It also functions as a way to reduce the temperature of water before it enters our streams. Without new sto quarries or the expansion of current stone quarries a vital tool used to keep our water resources clean would be in jeopardy.  I'm not writing this because I believe a denial of this expansion will endanger our lakes and streams. I am writing this because its important for anyone voting for or a expansion to know that if approved, a lot of that stone will be used to protect our lakes and streams.	the DNR ential of its one

### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 24th 2022  at (0:30 PM	Your Name: Mike Moll
	Your Mailing Address: 5958 Oak Hollow Dr
	McFarland, WI 53558
	Your Phone #: 608-770-3002
Zoning Petition/CUP#: 2563	Your Email Address: michael.e.moll egmail.com
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
Availal	ole for Information
Please use the space below to provide a brief sumr proposal.	mary of your comments and/or concerns regarding the
I am in favor of the quarry:	
I am in favor of the quarry: 1) Environment - more quarries ,	means shorter hand distances for
aggregate, which means less.	fuel burnt, less global warming.
2) Cost to taxpayer - Public work	es projects are a major user of
aggregate. Cheaper aggregate n	neans cost savings to the taxpayer.

# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 12117H 2022	Your Name: Howard MOSER
DATE of Meeting: May 24 <sup>th</sup> 2022 at 6:30 pm	Your Mailing Address: 12 Aution Street
	EDGEMAN, WI 53534
	Your Phone #: 884-3401
Zoning Petition/CUP#: 2563	Your Email Address: hmose ( @ coger ten wign
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
proposal.	

# REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public must fill out this form prior to participating in a remote meeting of the zoning committee. 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: 5/16/22	Your Name: Harold Nevel Trucking
0 0.10=	Your Mailing Address: 106 SHOO ST
	BROOKLYN, WI 53531
	Your Phone #:
Zoning Petition/CUP#: 2563	Your Email Address:
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
Please use the space below to provide a brief sumproposal.	mary of your comments and/or concerns regarding the
It is great to know that there is possible a new du county is all for being green.	mpsite to dispose concrete to recycle seeing dane

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DATE of Meeting: 5/16/22	Your Name: Jack T Olson Trucking
	Your Mailing Address: 1530 COUNTY B
	STOUGHTON, WI 53589
	Your Phone #:
Zoning Petition/CUP#: 2563	Your Email Address:
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	able for Information
proposal.	mary of your comments and/or concerns regarding the
	uld like a closer pit to purchase material from. It is te to dispose concrete to recycle seeing dane county is

# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Chris Olson Your Mailing Address: 6403 Lani In McFarland, WI 53558
7 To 14 10 10 10 10 10 10 10 10 10 10 10 10 10	Your Phone #: 608 237-1971
Zoning Petition/CUP#: 2563	Your Email Address: Ulson . cpe grail. com
Please check the appropriate box(es) b	selow 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
	available for Information
nt	f summary of your comments and/or concerns regarding the
proposal.	summary of your commons and a second common an
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# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

TE of Meeting: MOY 24TH 2022	Your Name: Grea PAlmer
ATE of Meeting: MOY 24 <sup>TH</sup> 2022 Ot 6:30 PM	Your Mailing Address: 40/6 LA/14 CA
	ORREGON WI
	Your Phone #: 608-863-3727
oning Petition/CUP#: 2503	Your Email Address: gregory palmero.
Please check the appropriate box(ex	s) 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
	A
	Available for Information
	rief summary of your comments and/or concerns regarding the
Please use the space below to provide a b proposal.	

# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

ning Petition/CUP#: 2563	Your Phone #: 262-379 9304  Your Email Address: dehelly @ Slater. med
	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
	Available for Information
1 - 1	
Please use the space below to provide a bi	rief summary of your comments and/or concerns regarding the
Please use the space below to provide a bi proposal.	rief summary of your comments and/or concerns regarding the
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	rief summary of your comments and/or concerns regarding the
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#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: Man 1711 2007	Your Name: Civily Hetter
DATE of Meeting: May 24TH 2022  at 6:30 pm	Your Mailing Address: 10 & South Puttand
	Brooklyn WI 5352
	Your Phone #: 608 -212 -4972
Zoning Petition/CUP#: 2563	Your Email Address: cheftua Clarer net
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	able for Information
Please use the space below to provide a brief sum	mary of your comments and/or concerns regarding the
proposal.	
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#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: MAN 1 2 以かって	Your Name: Dorel Heft
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 109 South Putlind Que
	Brooklyn WI 535
	Your Phone #: 608 -212-97/8
Zoning Petition/CUP#: 2503	Your Email Address: Chaffy Morter, Net
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
proposal.	
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#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

Your Phone #: 608 220 - 558 ©  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information	Your Phone #: 608 220 - 558 ©  Your Email Address: Joelie . mendar eye  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition	Your Phone #: 608 220 - 558 0  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	ATE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 4016 Lully Rd  O Regon WI 535
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 Opposition  Available for Information	Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	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  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the		
Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Opposition  Available for Information	Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	oning Petition/CUP#: 2563	Your Email Address: Jodie. mender Ego
Wish to Register in Support  Wish to Register in Opposition  Available for Information	Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es	s) below to indicate your position on the proposal.
Available for Information	Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Speak in Support	Wish to Speak in Opposition
	Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please use the space below to provide a brief summary of your comments and/or concerns regarding the		T
	Proposasi	Proposition 1	Wish to Register in Support	Wish to Register in Opposition
			Please use the space below to provide a br	Available for Information
			Please use the space below to provide a br	Available for Information
			Please use the space below to provide a br	Available for Information

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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

DATE of Meeting: MON 174TH 2007	Your Name: Gary Palmer
DATE of Meeting: May 24TH 2022 at 6:30 pm	Your Mailing Address: 4016 Ially RD
	Oregon WI 53575
	Your Phone #: 608 575~5580
Coning Petition/CUP#: 2563	Your Email Address: Gary J Palmor & SBC glo
Please check the appropriate box(es) bel	low 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
Av.	ailable for Information
	ummary of your comments and/or concerns regarding the
proposal.	unimary of your comments and/of concerns regarding the

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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

ATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: Heldi Parsons Your Mailing Address: WIO9 & 1 Rodney
at 6.20 hm	1 nd i 10152
	Your Phone #: 408 849-8880
oning Petition/CUP#: 2563	Your Email Address: CUSPatel CAdvance
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
	Available for Information
Please use the space below to provide a bri	Available for Information  of summary of your comments and/or concerns regarding the
Please use the space below to provide a bri proposal.	Available for Information ef summary of your comments and/or concerns regarding the

# REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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. Attach your completed form to an email and send to: <a href="mailto:lane.roger@countyofdane.com">lane.roger@countyofdane.com</a>.

DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Taco Jakowsk! Your Mailing Address: 6240 A netyst Dr.
Zoning Petition/CUP#: 2503	Your Phone #: 608 512 2848  Your Email Address: plobe expert Counter
Please check the appropriate box(es) bel	ow 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
	ailable for Information  ummary of your comments and/or concerns regarding the
Quergs are essentant growly communites or Infrastructure con	I to support Done Cortys! Without Hren, no roads, hones

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting: MOY 24 <sup>TH</sup> 2022 at 6:30 pm	Your Mailing Address: 320 Beikely Blod
Zoning Petition/CUP#: 2563	Your Phone #: 608 477 1245  Your Email Address: Res. Christiana's Cogman con
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
	Available for Information ef summary of your comments and/or concerns regarding the
Please use the space below to provide a brie	
Please use the space below to provide a brie	
Please use the space below to provide a brie	
Please use the space below to provide a brie	

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Mailing Address: 1/42 BUEBIO TRAC  WAUNINEE, WF 53597  Your Phone #: 608 - 712 - 1913
Coning Petition/CUP#: 2563	Your Email Address: JOSH @ ordvanced - Concreteinc.
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
	Available for Information
Please use the space below to provide a bri	ef summary of your comments and/or concerns regarding the
proposal.	
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proposal.	
proposal.	

#### REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

DATE of Meeting: MOY 24TH 2022 at 6:30 pm	Your Name: WAIIY Jankewshi
Jamina Batition (CUD4) 25/03	Your Phone #: 608-212-6583
oning Petition/CUP#: 2503	Your Email Address:
Please check the appropriate box(es) be	elow 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
- Av	vailable for Information
	summary of your comments and/or concerns regarding the
Gravel Pits ar essent and Products that are to Building, Africalture and can only be taken From	tiol to support our Intrastnetures taken From them are used in I manufacturing. These Products on areas that they are Presental mindset should never be a sites.
The not in my backyonell Feeter to Permitting these	sites.

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Members of the public 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

roger@countyofdane.com.	
ATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Amanda Reed Your Mailing Address: 10128 W. Whitmor
	Elensuille WI 5353
	Your Phone #: (815) 980-9558
Coning Petition/CUP#: 2503	Your Email Address: reed ja 810 gmail
Please check the appropriate box(es) be	elow 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
A	vailable for Information
Please use the space below to provide a brief proposal.	summary of your comments and/or concerns regarding the
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# DANE COUNTY ZONING & LAND REGULATION COMMITTEE REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public reset fill out this form prior to participating in a remote maring of the coning committee.

EMPORTANT: please download and save this form and then fill out using Adobe Reader. You may also print out the form and fill is in by Sand.

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Vour Mailing Address: OF Cross  Vour Phone #: Cott 353 7815  Zoning Petition/CUP# 25/03  Your Email Address: NA  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in O  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns registeronosal.	_
Vour Phone #: 60% 353 2815  Your Phone #: 60% 353 2815  Your Email Address: NA  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns reg proposal.	ct
Vour Phone #: 608 353 2815  Zoning Petition/CUP#: 2563  Your Email Address: N/A  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regionosal.	53575
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regionossal.	
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in O  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regionossal.	
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Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns reg proposal.	osition
Please use the space below to provide a brief summary of your comments and/or concerns reg proposal.	pposition
proposal	
If the property is adjacent to the existing pr	
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don't see any issue with anothing expansi	m.

# DANE COUNTY ZONING & LAND REGULATION COMMITTEE REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public trust fill out this form prior to participating in a remote meeting of the coming committee.

IMPORTANT: please deventiond 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 entail at your satilest convenience. Anach your completed form to an email and send to late recently obtains over.

expand. Let them use their land the way they we	Wish to Register in Support  Available for Information	Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Speak in Opposition	Zoning Petition/CUP#: 2563 Your Email Address: lengthedicon	
fur land to way they want	Information Wish to Register in Opposition	icate your position on the proposal.  Wish to Speak in Opposition	Email Address: Kersykegyzal (com	Mailing Address: 4636 Shek Rd 138

#### REMOTE MEETING PUBLIC REGISTRATION FORM

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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.

DATE of Meeting: May 24th 2022 at 6:30pm	Your Name: Short Rosga. Your Mailing Address: S866 Sur Velley Br
	Your Phone #:
oning Petition/CUP#: 2563	Your Email Address:
Please check the appropriate box(es) be	clow 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
ПА	vailable for Information
proposal.	on issue. Please be fair and guys deserve the same fair

# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 24 <sup>TH</sup> 2022 at 6:30 pm	Your Name: Sam Ross
at 6:30 pm	Your Mailing Address: 2935 S. Ash Hateley ld
	Filhenburg, Wi 53711
	Your Phone #: 608-345-6497
oning Petition/CUP#: 2563	Your Email Address: Sam@7hllz.com
Please check the appropriate box(es) b	elow 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
Па	vailable for Information
proposal.	summary of your comments and/or concerns regarding the
We need this in this area.	
We need this it is a	

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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. Kyle Rostowske Your Name: DATE of Meeting: MOY 24TH 2022 at 6:30 pm Your Mailing Address: 1154 Leslie Drive Edgerton, WI 53534 Your Phone #: 608-712-1851 Your Email Address: Kyleers-ins.com Zoning Petition/CUP#: 2563 Please check the appropriate box(es) below to indicate your position on the proposal. Wish to Speak in Opposition Wish to Speak in Support Wish to Register in Opposition Wish to Register in Support Available for Information Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal. I have worked with Kevin Hahn for many years and he has been a constant professional. He always tries to do the right thing and runs his business with Integrity. He will continue to help the community by providing jobs for aren residents and provides excellent services in his field of business. I support the decision of Danc County in allowing Keun to grow the business by allowing him to expend his guarry.

# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 24 <sup>TH</sup> 2022 at 6:30 pm	Your Name: Stephanie Schuette Your Mailing Address: PO BOX 5957
	Janesville, WI 53547
	Your Phone #: 608-754-6601
Zoning Petition/CUP#: 2563	Your Email Address: stephanie.schuette@jpcullen.co
Please check the appropriate box(es) bel	low 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
Av	ailable for Information
Please use the space below to provide a brief's	summary of your comments and/or concerns regarding the
proposal.	

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C. Ogci (a) County ordanic Count	
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Lauren Swields
	Your Mailing Address: USU Ruxton Ridge Dr.
	Sun Prairle WI, 53590
	Your Phone #: 608-212-7452
Zoning Petition/CUP#: 2563	Your Email Address: 1. Swield 54412 agmail com
Please check the appropriate box(es) be	elow 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
A	vailable for Information
Di	summary of your comments and/or concerns regarding the
proposal.	summary of your commons and or and or

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I E OI MICCINE: MILL / (TILL / () /	Your Name: Travis Sigg
OATE of Meeting: MOY 24TH 2022 OH 6:30 PM	Your Mailing Address: 1310 Nevada Rd
	Madison, WI
	<b>Your Phone #:</b> (414) 940-0295
ning Petition/CUP#: 2563	Your Email Address: travis.sigg@jpcullen.com
Please check the appropriate box(es) be	elow 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
	vailable for Information
	variable for information
	summary of your comments and/or concerns regarding the
proposal.	
we have used Kevin's company for years. The ability to so	as a subcontractor in the Madison area ource material from Kevin's quarry has
we have used Kevin's company for years. The ability to so allowed a continuation of pro	as a subcontractor in the Madison area ource material from Kevin's quarry has ojects in Dane county that add value,
we have used Kevin's company for years. The ability to so allowed a continuation of procreate an influx of business	as a subcontractor in the Madison area ource material from Kevin's quarry has
we have used Kevin's company for years. The ability to so allowed a continuation of procreate an influx of business	as a subcontractor in the Madison area ource material from Kevin's quarry has ojects in Dane county that add value, to the area, and improve storm water
we have used Kevin's company for years. The ability to so allowed a continuation of procreate an influx of business management. The expansion of	as a subcontractor in the Madison area ource material from Kevin's quarry has ojects in Dane county that add value, to the area, and improve storm water
we have used Kevin's company for years. The ability to so allowed a continuation of procreate an influx of business management. The expansion of	as a subcontractor in the Madison area ource material from Kevin's quarry has ojects in Dane county that add value, to the area, and improve storm water

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DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Andrew Skog, P.E. (MSA Professional Service
	Your Mailing Address: 400 Ice Harbor Dr., Suite 110  Dubuque, IA 52001
	Your Phone #: (608) 355-8976
Zoning Petition/CUP#: 2563	Your Email Address: askog@msa-ps.com
Please check the appropriate box(es) belo	ow 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
Ava	ilable for Information
Please use the space below to provide a brief su proposal.	mmary of your comments and/or concerns regarding the
projects related to the improvement of water Son completed 1.25 miles of streambank stab Searles Creek near Brodhead, WI. This project consin Chapter of the American Council of Engawards-gallery). This project will also receive Washington DC. This project was completed	elson Excavating and Son on several construction quality. Specifically, MSA and Nelson Excavating and oilization and aquatic habitat improvements along at recently received the "Grand Award" from the Wisgineering Companies ( <a href="https://www.acecwi.org/2022-a">https://www.acecwi.org/2022-a</a> "National Honor Award" from ACEC in May of 2022 in with aggregate and riprap supplied from Kevin Hahn's ocally sourced construction materials that were supson.
A	

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DATE of Meeting: MOV 1211TH 2002	Your Name: Dean Slaby
DATE of Meeting: MON 24 <sup>th</sup> 2022 at 6:30 pm	Your Mailing Address: 2591 Fitchiona Road
	Verana WI 53593
	Your Phone #: 608-219-8506
Zoning Petition/CUP#: 2563	Your Email Address: Dan Solesucenstruction
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	able for Information
Please use the space below to provide a brief sum proposal.  I to Think This would I am for it.	amary of your comments and/or concerns regarding the
I & Think This would	be good to constitution.
I am for it.	

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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

DATE of Meeting: May 174TH 2077	Your Name: Zachary Slaby
DATE of Meeting: MOY 24th 2022 at 6:30 pm	Your Mailing Address: 2591 Fitchery Rd
	Verona WI
	Your Phone #: 600 - 517-7870
Zoning Petition/CUP#: 2563	Your Email Address: Zuch S @ Kow counchin.
Please check the appropriate box(es) below	v 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	able for Information
1	nmary of your comments and/or concerns regarding the
I Delieve it was	Id help done county out.
I am for The Quarry	ld help done county out.

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

DATE of Meeting: May 2474 2022

at 6:30pm

Your Name: Your Mailing Address: Dianna

**Stiefvater** 

1214 W 6th Ave

Oshkosh, WI 54902

Your Phone #: 920-420-3281

Zoning Petition/CUP#:/ 2503

**Your Email Address:** 

diannagriesbaum@hotmail.com

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 X Wish to Register in Opposition

Available for Information
Please use the space below to provide a brief summary
of your comments and/or concerns regarding the
proposal.

# DANE COUNTY ZONING & LAND REGULATION COMMITTEE REMOTE MEETING PUBLIC REGISTRATION FORM

bers of the public must fill out this form prior to participating in a remote meeting of the zoning committee.

ORTANT: please download and save this form and then fill out using Adobe Reader. You may also print out the form and

e submit completed forms by email at your earliest conve coger@countyofdane.com.	nience. Attach your completed form to an email and send to:
ATE of Meeting: May 2474 2022 at 6:30 pm	Your Mailing Address: 732 Sant
oning Petition/CUP#: 2563	Your Phone #: \[ \( \infty \) \
The second secon	elow 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 Oppos
	vailable for Information  summary of your comments and/or concerns regarding
I complete	ly Support Small
busness &	expanding and

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

ne.roger@countyotdane.com.	
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: JAYNE Strefunder Your Mailing Address: 3868 Old Stone R
0.00	Vour Phone #: 920-889-0667
Zoning Petition/CUP#: 2563	Your Email Address: Jrs 1 band Aou Com
Please check the appropriate box(es) be	low 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
Av	vailable for Information
Disease was the appear below to provide a briefs	summary of your comments and/or concerns regarding the
proposal.	
I support him a	Hann's zoning Petition he will be contribing state from his Quary. s a small business ant to the comunity

# REMOTE MEETING PUBLIC REGISTRATION FORM

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DATE of Meeting: May 2474 2022

at 6:30pm

Your Name: Your Mailing Address: Nate Stiefvater

1214 W 6th Ave

Oshkosh, WI 54902

Your Phone #: 920-420-2158

Zoning Petition/CUP#:/ 2503

Your Email Address: natebnh@gmail.com

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 X Wish to Register in Opposition

Available for Information
Please use the space below to provide a brief summary
of your comments and/or concerns regarding the
proposal.

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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. REMOTE MEETING PUBLIC REGISTRATION FORM

considered form to an email and send to:

telp and support small community	Please use the space below to provide a brief proposal.	_ ^ _	Wish to Register in Support	Please check the appropriate box(es) be  Wish to Speak in Support	Zoning Petition/CUP#: 2563	DATE of Meeting: MON 21474 2022  YOU  OF GO SOPM  YOU  YOU  YOU  YOU  YOU  YOU  YOU  YO
mall community business.	Please use the space below to provide a brief summary of your comments and/or concerns regarding the proposal.	Available for Information	Wish to Register in Opposition	Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Speak in Opposition	Your Email Address: Lood: 236 40 horen	Your Name: Kathy Subera Your Mailing Address: 427 Mitchell St  Your Phone #: 658424 3780

# REMOTE MEETING PUBLIC REGISTRATION FORM

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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

DATE of Meeting: May 24 <sup>th</sup> 2022 at 6:30 pm	Your Name: Melissa Svendsen Your Mailing Address: 198th Ave.
0.1 0 00 71.1	New Glarus, WI 535
	Your Phone #: (008-214-1037
Zoning Petition/CUP#: 2563	Your Email Address: melsue_99@yahoo.com
Please check the appropriate box(es) b	elow 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
, A	vailable for Information
Please use the space below to provide a brief proposal.	summary of your comments and/or concerns regarding the
Nelson Excavating is Saves taxpayer	dollars!

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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

roger@countyofdane.com.	
ATE of Meeting: May 24TH 2022 at 6:30 pm	Your Name: Savah Ucker Your Mailing Address: 41 W Church St
Coning Petition/CUP#: 2563	Your Phone #: 262-397-6267  Your Email Address: Sarah weker@gmail.com
	elow 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
☐ A <sup>s</sup>	vailable for Information
Please use the space below to provide a brief proposal.	summary of your comments and/or concerns regarding the



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#### BANK COUNTY SURVING & LAND RECEILATION COMMITTEE

REMOTE MEETING I	PERSON REGISTRATION RURN
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and the second second second second second second	- teal are restored for the state of state in
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or action	Strandon, WI
Zoning Fritting CUPs 2503	Year East Address   LPG (Arth Colon, Lot)
Please check the appropriate beautiq below	to indicate year position on the proposal.
Makes Speak in Figures	That is Speak in Opposition
M was begond to bear.	Time is Regime in Opposition
My market and wastern	D
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Please are the space below in provide a book way	and the comment with record regarding the
proposed.	
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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

Your Phone #: Your Email Address:  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Your Phone #: Your Email Address:  Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	TE of Meeting: May 24th 2022 at 6:30 pm	Your Mailing Address: 14021 W Last W Brokey W 53
Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es) below to indicate your position on the proposal.  Wish to Speak in Support  Wish to Register in Support  Wish to Register in Opposition  Available for Information		
Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Speak in Support  Wish to Speak in Opposition  Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	ing Petition/CUP#: 2563	Your Email Address:
Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Register in Support  Wish to Register in Opposition  Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please check the appropriate box(es) bo	elow to indicate your position on the proposal.
Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Available for Information  Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Speak in Support	Wish to Speak in Opposition
Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Please use the space below to provide a brief summary of your comments and/or concerns regarding the	Wish to Register in Support	Wish to Register in Opposition
			summary of your comments and/or concerns regarding the

# REMOTE MEETING PUBLIC REGISTRATION FORM

Members of the public 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

e.roger@countyofdane.com.	
DATE of Meeting: May 24th 2022 at 6:30 pm	Your Name: Josalyn Vorpall Your Mailing Address: 5124 central Park Pl Apt 118 Fitchburg. wi 53
Zoning Petition/CUP#: 2563	Your Phone #: 68-636-9295 Your Email Address: Josalyn Vor Paul @gmcil.com
Please check the appropriate box(es) b	elow to indicate your position on the proposal.
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Speak in Support	Wish to Register in Opposition
Па	vailable for Information
Please use the space below to provide a brief proposal.	summary of your comments and/or concerns regarding the
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