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: 3/8/22	Your Name: JON F. HAGEMAN
	Your Mailing Address: 128 PAOLI ST, VERONA, WI
	53593
	Your Phone #: 608-999-1977
Zoning Petition/CUP#: 11784	Your Email Address: jonhageman1212@outlook.com
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions
Wish to Register in Support I D	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summator to share with the ZLR Committee regarding the prop	ry of any comments, concerns, or observations you would like osal.

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

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DATE of Meeting: 3/8/22	Your Name: George Boyer
G 6/6/22	Your Mailing Address: 6302 Milwaukee St
	Madison, WI 53718
	Your Phone #: 6083327336
Zoning Petition/CUP#: 11791	Your Email Address: Americanautomadison@yahoc
	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
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DATE of Meeting: 3/8/22	Your Name: James McFadden
G 6/6/22	Your Mailing Address: 380 W Washington
	Madison, WI 53703
	Your Phone #: (608)251-1350
Zoning Petition/CUP#: 11791	Your Email Address: james@mcfadden.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
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DATE of Meeting: 3/8/22	Your Name: Brian Munson
- 000-	Your Mailing Address: 120 East Lakeside Street
	Madison, WI 53726
	Your Phone #: 608-609-4410
Zoning Petition/CUP#: 11801	Your Email Address: bmunson@vandewalle.com
** *	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support I U	nderstand and Accept the Recommended Conditions
Wish to Register in Support I D	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
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DATE of Meeting: 3/22/22	Your Name: Beverly Tucker
	Your Mailing Address: 8982 County Road G
	Mount Horeb WI
	Your Phone #: 608-712-9046
Zoning Petition/CUP#: 11809	Your Email Address: dennisbev@tds.net
	ate your interest in addressing the ZLR Committee and, if aff recommended conditions of approval on the proposal.
Wish to Speak in Support	nderstand and Accept the Recommended Conditions
Wish to Register in Support	o Not Understand and/or Accept the Recommended Conditions
Available for Information	
to share with the ZLR Committee regarding the property For other zoom meetings I have had difficulty in beir	ng able to talk, however there will be others on the meeting
that are associated with this petition and can provide	information if needed.

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	liest convenience. Attach your completed form to an email and send to:
ane.roger@countyofdane.com.	Bug Tussel Wireless
DATE of Meeting: 3/8/27	Your Name: Gary Henshue
	Your Mailing Address: 417 Pine St.
	Green Bay, WI
	Your Phone #: 608 - 335 - 0151
Zoning Petition/CUP#: 02553	
	ow to indicate your interest in addressing the ZLR Committee and, if on and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a below to share with the ZLR Committee regard	orief summary of any comments, concerns, or observations you would like ing the proposal.
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DATE of Meeting: 3/8/22 Your Name: Kate or Luke Dennis	
Your Mailing Address: 2402 Robert St.	
Stoughton, WL 535	89
Your Phone #: 608-515-4709	
Zoning Petition/CUP#: 02554 Your Email Address: Fort. littlegreen@ gmail	1,
Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.	
Wish to Speak in Support I Understand and Accept the Recommended Conditions	
Wish to Register in Support Do Not Understand and/or Accept the Recommended Condition	ıs
Available for Information	
Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.	
We have no need to speak unless anyone has grestions!	

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

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Registration R	eport					<u> </u>			
Report Genera	3/8/2022 15:22								
Topic	Webinar ID	# Registered			# Denied				
Dane County 2	969 8425 4831	7	•	0					
Attendee Det	ails								
First Name	Last Name	City	Phone		Which petition number	Do you support	Do you want to speak?		
Douglas	Maxwell	Verona		6088457717	11797	Oppose	Yes, I want to speak.		
Norbert	Repka	Verona		6084405571	11979	Support	Yes, I want to speak.		
Phillip	Braithwaite	Marshall		6082193556	Petition 11791	Support	I do not want to speak but I a	m available fo	or questions.
Jackie	Kaul	MADISON		6082296819	11788	Neither	No, I do not want to speak.		
Sarah	Boyer	Marshall		6083323626	11791	Support	No, I do not want to speak.		
Dana	LaSavage	Montello	608-320-1323		11791	Support	No, I do not want to speak.		
ashley	foster	Sun Prairie		6083813290	11791	Support	No, I do not want to speak.		