# **REMOTE MEETING APPLICANT REGISTRATION FORM**

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

DATE of Meeting: 10/27/20	Your Name: Kendall C. Kahl
	Your Mailing Address: 9344 Spring Valley Rd
	Mazomanic, WI53560
	Your Phone #: 608-798-3766
Zoning Petition/CUP#: // 59/	Your Email Address: KKahl Cchords, net
Please check all appropriate boxes below applicable, your acceptance of any town	v to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	

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

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DATE of Meeting: 10/18/20	Your Name: Jon Beckman and Meredith Beckman	
	Your Mailing Address: 9917 Carter Rd	
	Mazomanie, WI 53560	
	<b>Your Phone #:</b> 608-712-3444	
Zoning Petition/CUP#: 11591	Your Email Address: meredithbeckman@hotmail.cc	
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	
	rving the rural character of the less inhabitated parts of ial districts has determential/negative affects on the	

the county. Commercial zoning in rural resediential districts has determential/negative affects on the rural character of the farmland/rural nature of the neighboorhood. We oppose LC zoning on proposed lot 2 (pl2) for the following reasons: 1) LC zoning can bring signage, lights, noise, and additional traffic to this rustic road with no shoulder and rolling topography - affecting the quality of life for residents of Carter Rd. 2) Additional structures. Mr. Lane indicated no further buildings can be constructed or additions added to pl2. He indicated that a deed restriction should be placed on pl2 to prohibit residential housing - we support a deed restriction 3) Outdoor storage of any kind on pl2. Currently there are four lots (3 houses), within eyesite of pl2, that are under deed restriction for no outdoor storage. Allowing outdoor storage on pl2 decreases the rural character, quality of life, and property value of the neighboring properties.

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DATE of Meeting: 10/18/20	Your Name: Hillznhollerz LLC
	Your Mailing Address: PO BOX 11
	Cross Plains, WI 53528
	<b>Your Phone #:</b> 608-712-3444
Zoning Petition/CUP#: 11591	Your Email Address: meredithbeckman@hotmail.cc
Please check the appropriate box(es) below	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
J 1	erving the rural character of the less inhabitated parts of a tial districts has determential/negative affects on the

the county. Commercial zoning in rural resediential districts has determential/negative affects on the rural character of the farmland/rural nature of the neighboorhood. We oppose LC zoning on proposed lot 2 (pl2) for the following reasons: 1) LC zoning can bring signage, lights, noise, and additional traffic to this rustic road with no shoulder and rolling topography - affecting the quality of life for residents of Carter Rd. 2) Additional structures. Mr. Lane indicated no further buildings can be constructed or additions added to pl2. He indicated that a deed restriction should be placed on pl2 to prohibit residential housing - we support a deed restriction 3) Outdoor storage of any kind on pl2. Currently there are four lots (3 houses), within eyesite of pl2, that are under deed restriction for no outdoor storage on pl2 decreases the rural character, quality of life, and property value of the neighboring properties. Sincerely, Jon Beckman - Managing Member Hillznhollerz LLC

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DATE of Meeting: 10/27 /2020	Your Name: Cameron Lindan
	Your Mailing Address: 2416 Amherst Rd.
	Middleton WI 53562
	Your Phone #: (608) 695-2007
Zoning Petition/CUP#: 11592	Your Email Address: Cameson. 1: nda 2 Com
Please check all appropriate boxes below to indicate applicable, your acceptance of any town and/or state	e your interest in addressing the ZLR Committee and, if If recommended conditions of approval on the proposal.
	derstand and Accept the Recommended Conditions
Wish to Register in Support	Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summary to share with the ZLR Committee regarding the propos	of any comments, concerns, or observations you would like sal.
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DANE COUNT	TY ZONING & LAND REGULATION COMMITTEE
REMOTE N	MEETING APPLICANT REGISTRATION FORM
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Please submit completed forms by email at your eane.roger@countyofdane.com.	varliest convenience. Attach your completed form to an email and send to:
DATE of Meeting:	Your Name: C.R. Roude-Szudy
	Your Mailing Address: 402 Brathene St. Mazomania W1 53560
	Your Phone #: 608-669-0165
Zoning Petition/CUP#: 11593	Your Email Address: Tobrobdestudy & gunilican
Wish to Speak in Support Wish to Register in Support Available for Information	own and/or staff recommended conditions of approval on the proposal.         I Understand and Accept the Recommended Conditions         I Do Not Understand and/or Accept the Recommended Conditions
Please use the space below to provide a to share with the ZLR Committee regar	brief summary of any comments, concerns, or observations you would like rding the proposal.
No concerns	
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To be eligible for inclusion on a conse 1. No public opposition to the prop	ant arounds there are

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DATE of Meeting: 10/25/20	Your Name: Richard Dohm
	Your Mailing Address: 1236 Fritz Road
	Verona, WI 53593
	Your Phone #: 608.576.6055
Zoning Petition/CUP#: 11595	Your Email Address: rdohm@tds.net
Please check all appropriate boxes bela applicable, your acceptance of any tow	ow to indicate your interest in addressing the ZLR Committee and, if /n 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	

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DATE of Meeting: Octo	ober 27, 2020		Your Name: Ed Sho	rt
			Your Mailing Addro	ess: N8096 Buol Road
				Belleville, WI 53508
			Your Phone #: 608-	712-1040
Zoning Petition/CUP#:	2020-11595		Your Email Address	s: exeterdesign@yahoo.com
			·	essing the ZLR Committee and, if tions of approval on the proposal.
Wish to Speak in	n Support	IU	nderstand and Accept the	e Recommended Conditions
Wish to Register	in Support	ID	o Not Understand and/or	Accept the Recommended Conditions
Available for Inf	formation			

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DATE of Meeting: 10-27-2020	Your Name: Diana Nelson		
	Your Mailing Address: 4927 Felland Rd.		
	Madison, WI 53718		
	Your Phone #: 608-279-0491		
Zoning Petition/CUP#: 11596	Your Email Address: nelhomes@gmail.com		
Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.			
Wish to Speak in Support	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 brie	ef summary of any comments, concerns, or observations you would like		

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DATE of Meeting: 10/27/20	Your Name: Chris Stolinas			
	Your Mailing Address: 5201 E. Terrace Drive Suite 200			
	Madison, WI. 53718			
11596	<b>Your Phone #:</b> 608-212-5195			
Zoning Petition/CUP#: 11595	Your Email Address: StolinasC@AyresAssociates			
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 X	I Understand and Accept the Recommended Conditions			
X Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions			
X Available for Information				

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DATE of Meeting: 10/27/20	Your Name: Phillip J Van Kampen		
	Your Mailing Address: 814 Charles Ct		
	Oregon WI 53575		
	<b>Your Phone #:</b> 608-335-4426		
Zoning Petition/CUP#: 11597	Your Email Address: phil.vankampen@charter.net		
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 U	nderstand and Accept the Recommended Conditions		
Wish to Register in Support	o Not Understand and/or Accept the Recommended Conditions		
✓ Available for Information			
Please use the space below to provide a brief summar to share with the ZLR Committee regarding the prop-	ry of any comments, concerns, or observations you would like osal.		
When selling our home on L of 2 in August of this ve	par the buyer wished to acquire approximately 75 acres of L ot		

When selling our home on Lot 2 in August of this year, the buyer wished to acquire approximately .75 acres of Lot 1. This parcel is to be detached from Lot 1 and added to Lot 2.

Thank you for your consideration of this matter.

Phil Van Kampen

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DATE of Meeting: 10/27/20	Your Name: Clayton Christenson	
	Your Mailing Address: Waucheeta Trail	
	Madison. WI 53711	
	<b>Your Phone #:</b> (608)212-0482	
Zoning Petition/CUP#: 11598	Your Email Address: claychristenson@icloud.com	
** *	ndicate your interest in addressing the ZLR Committee and, if or staff recommended conditions of approval on the proposal.	
Wish to Speak in Support	I Understand and Accept the Recommended Conditions	
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions	
Available for Information		
Discourse the successive successive a build and		

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DATE of Meeting: 10/27/20	Your Name: Ralph Koos	
	Your Mailing Address: PO box 398	
	Elburn IL 60119	
	<b>Your Phone #:</b> 847 922 1032	
Zoning Petition/CUP#: 11599	Your Email Address: Rkoos@blastcomm.com	
	v to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.	
Wish to Speak in Support	I Understand and Accept the Recommended Conditions	
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions	
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DATE of Meeting: October 27, 2020	Your Name: Jeffery D Bell
	Your Mailing Address: 9701 Union Valley Road
	Black Earth, WI 53515
	Your Phone #: 608-575-9556
Zoning Petition/CUP#: 11600	Your Email Address: Bellhouse@tds.net
	w to indicate your interest in addressing the ZLR Committee and, if n and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	✓ I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
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Please 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: 10/27/20	Your Name: Ron Combs
	Your Mailing Address: 109 W Milwaukee St
	Janesville, WI. 53548
	<b>Your Phone #:</b> 608-751-6117
Zoning Petition/CUP#: 11601	Your Email Address: rjcombs@combssurvey.com
	indicate your interest in addressing the ZLR Committee and, if I/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief s	ummary of any comments, concerns, or observations you would like

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DATE of Meeting: 10/27/20	Your Name: Owen L Fankhauser	
	Your Mailing Address: 99 N Union Rd	
	Brooklyn, WI 53521	
	<b>Your Phone #:</b> 608-235-9930	
Zoning Petition/CUP#: 11601	Your Email Address: rhoda.schuster@wpsic.com	
** *	to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.	
Wish to Speak in Support	I Understand and Accept the Recommended Conditions	
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions	
Available for Information		
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Please submit completed forms by email at your earliest convenience. <u>Attach your completed form to an email and send to:</u> lane.roger@countyofdane.com.

DATE of Meeting: 10/27/20	Your Name: Rhoda Schuster	
	Your Mailing Address: 87 N Union Rd	
	Brooklyn, WI 53521	
	<b>Your Phone #:</b> 608-843-6523	
Zoning Petition/CUP#: 11601	Your Email Address: rhoda.schuster@wpsic.com	
	o indicate your interest in addressing the ZLR Committee and, if nd/or staff recommended conditions of approval on the proposal.	
Wish to Speak in Support	✓ I Understand and Accept the Recommended Conditions	
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions	
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	Your Mailing Address: 109 W Milwaukee St	
	Janesville, WI. 53548	
	<b>Your Phone #:</b> 608-751-6117	
Zoning Petition/CUP#: 11603	Your Email Address: rjcombs@combssurvey.com	
	ndicate your interest in addressing the ZLR Committee and, if /or staff recommended conditions of approval on the proposal.	
Wish to Speak in Support	I Understand and Accept the Recommended Conditions	
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions	
Available for Information		
Please use the space below to provide a brief su	mmary of any comments, concerns, or observations you would like	

to share with the ZLR Committee regarding the proposal.

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

DATE of Meeting: 10/27/20	Your Name: Terry Lund	
	Your Mailing Address: 3724 UNION DANE RD	
	BROOKLYN, WI 53521	
	<b>Your Phone #:</b> 608-712-2530	
Zoning Petition/CUP#: 11603	Your Email Address: tklllund50@gmail.com	
	indicate your interest in addressing the ZLR Committee and, if d/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		

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DATE of Meeting: 10/27/20	Your Name: Noa - Williams Surveying
	Your Mailing Address: 104A Main Street
	Waunakee, WI
	<b>Your Phone #:</b> 608-712-3196
Zoning Petition/CUP#: 11605	Your Email Address: noa@williamssurveying.com
	to indicate your interest in addressing the ZLR Committee and, if and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	

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

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DATE of Meeting: October 27, 2020	Your Name: James Hartung
	Your Mailing Address: 2148 Hillebrand Drive
	Cross Plains, WI 53528
	Your Phone #: 608-712-2845
Zoning Petition/CUP#: 11605	Your Email Address:
	cate your interest in addressing the ZLR Committee and, if staff recommended conditions of approval on the proposal.
Wish to Speak in Support	Understand and Accept the Recommended Conditions
Wish to Register in Support	Do Not Understand and/or Accept the Recommended Conditions
✓ Available for Information	

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

I'm in support and can answer questions if requested on Petition 11605.	Thank you, James

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DATE of Meeting: Octo	ober 27, 2020	Your Name: David & Ju	ılie Moyer
		Your Mailing Address:	4693 County Road FF
			Blue Mounds, WI 53517
		<b>Your Phone #:</b> 608-767	-2343
Zoning Petition/CUP#:	DCPREZ-2020-11606	<b>Your Email Address:</b> n	noyerbuildingservice@yahoo
		-	ing the ZLR Committee and, if 1s of approval on the proposal.
Wish to Speak in	n Support I U	Jnderstand and Accept the Re	ecommended Conditions
Wish to Register	r in Support	Do Not Understand and/or Ac	cept the Recommended Conditions
Available for Inf	formation		

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.

Wish to speak in support if their is questions or oppositions are received.				

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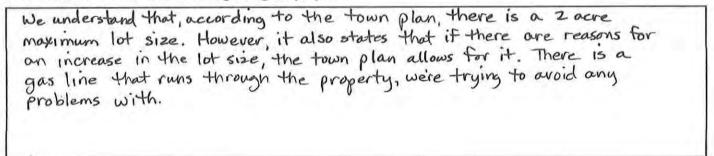
- 1. No public opposition to the proposal;
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DATE of Meeting: 10-27-2020	Your Name: Donald P Viney
	Your Mailing Address: 2093 US Hwy 2-18
	Cottage Grove, WI 53527
	Your Phone #: 608-628-4653
Zoning Petition/CUP#: 11607	Your Email Address: dmviney@hughes.net
	ow to indicate your interest in addressing the ZLR Committee and, if /n and/or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions

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Available for Information

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DATE of Meeting: 10/27/20	Your Name: Jason Chandler
	Your Mailing Address: 1645 Lake Kegonsa rd
	Stoughton,Wi 53589
	<b>Your Phone #:</b> 608-877-2812
Zoning Petition/CUP#: 11608	Your Email Address: killer77ford@yahoo.com
** *	idicate your interest in addressing the ZLR Committee and, if or staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	

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DATE of Meeting: October 27th, 2020	Your Name: Brad + Britt Topp Your Mailing Address: 3012 State Hwy 19
	Sun Prairie WI 53590
	Your Phone #: 608-기교-5884
Zoning Petition/CUP#:	Your Email Address: Oxfreme Lawns 4 fun & Yohoo com
	licate your interest in addressing the ZLR Committee and, if staff recommended conditions of approval on the proposal.
Wish to Speak in Support	I Understand and Accept the Recommended Conditions
Wish to Register in Support	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief sum to share with the ZLR Committee regarding the pr	nary of any comments, concerns, or observations you would like oposal.

Register And Suppor	ting

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

DATE of Meeting: TUESDAY, October 27,2020	Your Name: LISA Nelson Your Mailing Address: 172 State ROAD 138 Staighton W1 53589
	Your Phone #: 608 409. 2120
Zoning Petition/CUP#: 02506	Your Email Address: lisafrey4110gmailton
Please check all appropriate boxes below to indica applicable, your acceptance of any town and/or sta	te your interest in addressing the ZLR Committee and, if off recommended conditions of approval on the proposal.
Wish to Speak in Support	nderstand and Accept the Recommended Conditions
Wish to Register in Support	Not Understand and/or Accept the Recommended Conditions
Available for Information	
Please use the space below to provide a brief summar to share with the ZLR Committee regarding the propo	y of any comments, concerns, or observations you would like osal.
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Your Name: GREG HYER
Your Mailing Address: 4296 COUNTY P
CROSS PLAINS WISCONSIN
Your Phone #: 6083203243
Your Email Address: TCPCHAIR1@TDS.NET

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	I Do Not Understand and/or Accept the Recommended Conditions
Available for Information	

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

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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.

ATE of Meeting:	Your Name: KR15 HAMPTON
	Your Mailing Address: 3310 CTTR N
	LOTTAGE GROVE
	Your Phone #: 608-279-4470
oning Petition/CUP#: 2020 0A-01	6 Your Email Address: # KDHANPTEN 8.2@ GPITH
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
Disase was the succe below to accuide a below	
proposal.	ef summary of your comments and/or concerns regarding the
A VEIGABURHOOD IS ALRE	ADY THERE & THE WILL ADD TUIT.
	NISH BUILDING ON BOTHSIPES OF 2 DEAD
STORM WATER FACILITES A	ARE ALREADY IV PLACE;

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-

	Cottage Grove, WI 53
ning Petition/CUP#: 2020 OA~016 Amending Town of Co	Your Phone #: 608-628-4653 Your Email Address: dmviney@hughes.net
	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
Please use the space below to provide a brief proposal.	summary of your comments and/or concerns regarding the
1	

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DATE of Meeting: 27 Oct 20	Your Name: Troy Eickhoff
	Your Mailing Address: 3632 Earlwyn Rd
	Cottage Grove, WI
	Your Phone #: 608-220-0334
Zoning Petition/CUP#:Request for change in comp	Your Email Address: tike292@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	<b>W</b> ish to Register in Opposition
Available for Information	
1 I	nary of your comments and/or concerns regarding the
proposal. Please see "Letter of Opposition, OA2020-016"	
r lease see Letter of Opposition, OA2020-010	

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DATE of Meeting: 10/27/20	Your Name: Brian Standing
	Your Mailing Address: 3210 James Street
	Madison, WI 53714
	<b>Your Phone #:</b> 608-358-6567
Zoning Petition/CUP#: 2020 ACT-143	Your Email Address: bhstanding@gmail.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 Ava	ilable for Information
Please use the space below to provide a brief su proposal.	mmary of your comments and/or concerns regarding the
As the Vice-President of Employee Group 187	1, Dane County Professional Employees, I would like to

As the Vice-President of Employee Group 1871, Dane County Professional Employees, I would like to register in support the proposed ZLR Operating Budget amendments dated 10/27/2020 on tonight's agenda. I understand that, at the last ZLR meeting, there were questions about the floodplain outreach line that is proposed for reduction. I am also the lead staff on that particular project, and I am available to answer questions about how we would complete that project, even with reduced funding.