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: lane.roger@countyofdane.com.</u>

DATES CREATE	Your Name: Ronald M. Trachtenberg, Esq.	
DATE of Meeting: 7/13/21		
	Your Mailing Address: 2501 Parmenter Street Suite 100A	
	Middleton WI 53562	
	Your Phone #: 608-444-5699	
Zoning Petition/CUP#: REZ 11690 & CUP 02518	Your Email Address: rtrachtenberg@fuhrmandodge	
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 Und	derstand 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.		
I am hte attorney for the applicant, WICOMPANYII LLC.		

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- 1. No public opposition to the proposal;
- 2. No unresolved questions/issues by committee members or staff;
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DATE of Meeting: July 13, 2021	Your Name: TAKA PEARSON	
0 1	Your Mailing Address: 343 Lake Kegowsa Bl	
	Oregon, WIT 53575	
	Your Phone #: 608-212-0081	
Zoning Petition/CUP#: 11690	Your Email Address: +ara@wiscompany, com	
Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.		
Wish to Speak in Support	Inderstand and Accept the Recommended Conditions	
Wish to Register in Support I I	Oo Not Understand and/or Accept the Recommended Conditions	
Available for Information		
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DATE of Meeting: JULY 13, 2021	Your Name: Steve Suter	
J	Your Mailing Address: 343 LAKE Ke gonsa Rd	
	Oregon, WIS3575	
	Your Phone #: 608-628-3548	
Zoning Petition/CUP#: 11690	Your Email Address: SV ter Walt ogmail. Co	
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 Un	derstand 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	
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: 7/12/21	Your Name: Nathan & Heather Wagner	
5 1, 1, 1, 2, 1	Your Mailing Address: 8067 Hwy 14	
	Cross Plains, WI 53528	
	Your Phone #: 6082799798	
Zoning Petition/CUP#: 11699	Your Email Address: wagner05@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	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 summary	y of any comments, concerns, or observations you would like	
to share with the ZLR Committee regarding the proposal.		
We are in support of this.		

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- 1		
DATE of Meeting: July 1344, 2021	Your Name: Steve Suter	
	Your Mailing Address: 343 Lake Kegowsa Rd,	
	Oregon, WI 53575	
	Your Phone #: 608-628-3548	
Zoning Petition/CUP#: 2578	Your Email Address: Suterwalt @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	Understand and Accept the Recommended Conditions	
Wish to Register in Support	Do Not Understand and/or Accept the Recommended Conditions	
Available for Information		
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to share with the ZLR Committee regarding the pro-	oposal.	

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