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: 9/2/25	Your Name: BUXAME CONSTOCK
	Your Mailing Address: 3080 Shady Ado
	Stoughton WI 5358
	Your Phone #: 920-222-9668
Zoning Petition/CUP#: 2582	Your Email Address: Salon x 0 800@slock
Please check the appropriate box(e	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
	Available for Information
Please use the space below to provide a b	orief summary of your comments and/or concerns regarding the
proposal.	
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oger(a)countyordane.com.	
ATE of Meeting: 9/2/25	Your Name: Dave adams
	Your Mailing Address: 3062 Course View
	Stoughton W153
	Your Phone #: 608-235-6173
ning Petition/CUP#: 2582	Your Email Address: Hadams 230 4
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
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1
Your Name: Holy Adams
Your Mailing Address: 3012 Dusc View
Stoughton WI 53
Your Phone #: 1008-235-7124
Your Email Address: hadans Quarf. Dr
s) below to indicate your position on the proposal.
Wish to Speak in Opposition
Wish to Register in Opposition
Available for Information
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ATE of Meeting: 9/2/25	Your Name: Michele Helland
	Your Mailing Address: 3059 COUST 1800
	Strighton WI 5358°
	Your Phone #: 847-736-5290
ning Petition/CUP#: 2582	Your Email Address: boys 2 Helland 6
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
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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: 9/2/25	Your Name: EKIK Helland
	Your Mailing Address: 3 059 Churse View
	Stoughton WI 53589
	Your Phone #: 408-307-4562
Zoning Petition/CUP#: 2582	Your Email Address: ERIK Helland 630 700
Please check the appropriate box(e	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
	Available for Information
Please use the space below to provide a b	rief summary of your comments and/or concerns regarding the
proposal.	
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Tailing Address: JUK Pleasant Hill Rd
Tailing Address: 1416 Deasont Hill Rd
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Stoughton WI 0358
hone #: (18-438-417
mail Address: mm 65 stam@ yahoo.
te your position on the proposal.
Wish to Speak in Opposition
Wish to Register in Opposition
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our 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.

DATE of Meeting: 9/2/25	Your Name: Tenney Ostrom
	Your Mailing Address: 2716 Rolling View K
	St Dugiton W15358
	Your Phone #: 608-206-2042
Zoning Petition/CUP#: 2582	Your Email Address: 105 rom 1130 m
Please check the appropriate box(es	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
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Please use the space below to provide a b	rief 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.

DATE of Meeting: 9/2/25	Your Name: Myranda Kotlowski
	Your Mailing Address: Po Box 750
	Stoughton W153
	Your Phone #: UK-501-7380
Zoning Petition/CUP#: 2582	Your Email Address: Myranda 2010WSki &
Please check the appropriate box(es	below to indicate your position on the proposal. Smal
Wish to Speak in Support	Wish to Speak in Opposition
Wish to Register in Support	Wish to Register in Opposition
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Diagra was the space below to provide a hi	rief summary of your comments and/or concerns regarding the
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rogeracountyoldane.com.	
ATE of Meeting: 9/2/25	Your Name: Uxi Heid Kamp
7112 of 1400mig- 0/2/20	Your Mailing Address: 732 Greig Trail
	Stoughton W153
	Your Phone #: 224-392-9386
Coning Petition/CUP#: 2582	Your Email Address: Kanjackefairls
Please check the appropriate box(e	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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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: 9/2/25	Your Name: AUSTIN KOTOWSKI
	Your Mailing Address: 732 Greig Trail
	Stoughton W 53
	Your Phone #: 608-669-4744
oning Petition/CUP#: 2582	Your Email Address: Kot bou Ganal
Please check the appropriate box(es	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
	Available for Information
Please use the space below to provide a b	rief 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.

DATE of Meeting: 9/2/25	Your Name: Mike Lankell
	Your Mailing Address: 2716 Rolling View K
	Stoughton W1 530
	Your Phone #: 608-209-3262
Zoning Petition/CUP#: 2582	Your Email Address: Mike an key 7@ 9mail
Please check the appropriate box(e	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
	Available for Information
Please use the space below to provide a b	orief 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.

DATE of Meeting: 9/2/25	Your Name: Crystal Owne
5/112 01 1/200mg- 0/2/20	Your Mailing Address: 4930W. Sanda Monica
	White Fish Day W1530
	Your Phone #: 44-380-9111
Zoning Petition/CUP#: 2582	Your Email Address: Crystal 196365
Please check the appropriate box(e	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
	Available for Information
Please use the space below to provide a b	orief 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.

DATE of Meeting: 9/2/25	Your Name: John Quam
g 0/ L /L0	Your Mailing Address: 318 Shadyside By
	Soughton W15358
	Your Phone #: 608-575-1068
Zoning Petition/CUP#: 2582	Your Email Address: John Quam Motor S
Please check the appropriate box(e	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
	Available for Information
Please use the space below to provide a b proposal.	rief 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.

DATE of Meeting: 9/2/25	Your Name: Mark Freu
	Your Mailing Address: 3118 Shadysids DV
	Stoughton W1535
	Your Phone #: 106-577-6640
Zoning Petition/CUP#: 2582	Your Email Address: [aveaus a gama cor
Please check the appropriate box(es	b) 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
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Please use the space below to provide a br	rief 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.

DATE of Meeting: 9/2/25	Your Name: Christine Kottowski
3 3.2.2	Your Mailing Address: 3062 Shadyside
	Stoughton WI 535
	Your Phone #: 408-444-5500
Zoning Petition/CUP#: 2582	Your Email Address: Christine AKOHOWSKI
Please check the appropriate box(e	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
	Available for Information
Please use the space below to provide a b	rief 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.

DATE of Meeting: 9/2/25	Your Name: Wick Probst
	Your Mailing Address: Country CIUB
	Staughton W1535
	Your Phone #: 1082138795
Zoning Petition/CUP#: 2582	Your Email Address: Nick . Drobst @ 3na
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	ief 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.

DATE of Meeting: 9/2/25	Your Name: Park Holoslu
8 0/2/20	Your Mailing Address: 3065 Shadysid
	Stoughton WI
	Your Phone #: 608-669-0912
Zoning Petition/CUP#: 2582	Your Email Address: Patat Skoughton &
Please check the appropriate box(es	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
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Please use the space below to provide a b	rief 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.

PATE of Meeting: 9/2/25	Your Name: Clark Brothaws
,	Your Mailing Address: 470 Bouista
	1/2 Tarland W153
	Your Phone #: 408-290-1441
oning Petition/CUP#: 2582	Your Email Address: Clark 63410 65h
Please check the appropriate box(es	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
	Available for Information
Please use the space below to provide a h	rief 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: 9/2/25	Your Name: Cardyn Michael
	Your Mailing Address: 804 Labeurod
	McKinney TX 750
ning Detti - /CVD	Your Phone #: 678-234-0412
oning Petition/CUP#: 2582	Your Email Address: Carlolyn Michael 995
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
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Please use the space below to provide a briproposal.	icf 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.

DATE of Meeting: 9/2/25	Your Name: Jaket White
	Your Mailing Address: 4339 Mayfair Rd
	Milwauker W1 532
	Your Phone #: 414-218-6699
Zoning Petition/CUP#: 2582	Your Email Address: Janet Wiet @ 500
Please check the appropriate box(es	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
	Available for Information
Please use the space below to provide a b	rief summary of your comments and/or concerns regarding the
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	Section 1
DATE of Meeting: 9/2/25	Your Name: Sus Ramsett-Kretz
	Your Mailing Address: 210 N. Main
	Daven Dort IA 528
	Your Phone #: 543-508-7465
Zoning Petition/CUP#: 2582	Your Email Address: Swamsetta small
Please check the appropriate box(es	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
	Available for Information
Please use the space below to provide a bi	rief summary of your comments and/or concerns regarding the
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DATE of Meeting: 9/2/25	Your Name: Michele Maral
	Your Mailing Address: 477 Meandoewood Ro
	Oregon W15357
	Your Phone #: 408-289-9275
Zoning Petition/CUP#: 2582	Your Email Address: The margais @ gina
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 br proposal.	ief summary of your comments and/or concerns regarding the

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DATE of Meeting: 9/2/25	Your Name: T. Mothy Kotlowski
DATE of Meeting. 9/2/25	Your Mailing Address: 3067 StadySede
	Staughton W1
	Your Phone #: 608 to 69-6503
Zoning Petition/CUP#: 2582	Your Email Address: Mobile dest @ tok
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
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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: 9/2/25	Your Name: Chase Kutlowski
	Your Mailing Address: P.O. Box 750
	Stoughton, WI 535
	Your Phone #: 608-513-2622
Zoning Petition/CUP#: 2582	Your Email Address: Chase Kotlowskie on
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
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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: 9/2/25	Your Name: Shell Asleson
	Your Mailing Address: 1468 Pleasant H
	Stoughton WI 535
	Your Phone #: 408-438-4459
Coning Petition/CUP#: 2582	Your Email Address: MMaskson 4 Qqn
Please check the appropriate box(es	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
	
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Please use the space below to provide a b	Available for Information
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OATE of Meeting: 9/2/25	Your Name: ELISE MCLAURY
3.2.23	Your Mailing Address: 2757 ESQUIR
	Your Name: ELISE MCLAURY Your Mailing Address: 2757 ESQUIR STOUGHTON
	Your Phone #: 608-843-9235
Coning Petition/CUP#: 2582	Your Email Address: elisemclaury Dgv
Please check the appropriate box(e	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
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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: 9/2/25	Your Name: 1 1 1 1 araal
	Your Mailing Address: 477 Meandor Wood
	Dregon W1 535
	Your Phone #: 408-712-9275
Coning Petition/CUP#: 2582	Your Email Address: the margais @gmail
Please check the appropriate box(es	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
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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: 9/2/25	Your Name: Kyth Comstock.
	Your Mailing Address: 30% Shaduside Di
	Stoughton W153
	Your Phone #: 108-225-8053
Zoning Petition/CUP#: 2582	Your Email Address: Keith Clark-Heat M
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 br	ief summary of your comments and/or concerns regarding the
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Mailing Address: 140 Treland Struct Wawakee W 1538 Phone #: 48-444-9464 Email Address: ate your position on the proposal. Wish to Speak in Opposition
Email Address: ate your position on the proposal.
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