

# DANE COUNTY ZONING & LAND REGULATION COMMITTEE

## 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.

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

**DATE of Meeting:** 9/2/25

**Your Name:** Roxanne Comstock

**Your Mailing Address:** 3080 Shadyside Dr  
Stoughton WI 53589

**Your Phone #:** 920-222-9668

**Zoning Petition/CUP#:** 2582

**Your Email Address:** salonx0800@sbglobal.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

☐ 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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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name:

Dave Adams

Your Mailing Address:

3062 Course View Dr

Stoughton WI 53589

Your Phone #:

608-235-6173

Zoning Petition/CUP#: 2582

Your Email Address:

st.adams.23@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

☐

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DATE of Meeting: 9/2/25

Your Name:

Holly Adams

Your Mailing Address:

3062 Course View Dr

Stoughton WI 53589

Your Phone #:

608-235-7124

Zoning Petition/CUP#: 2582

Your Email Address:

hadams@warf.org

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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lane.roger@countyofdane.com.

**DATE of Meeting:** 9/2/25

**Your Name:** Michele Helland

**Your Mailing Address:** 3059 Course View Dr

Stoughton WI 53589

**Your Phone #:** 847-736-5290

**Zoning Petition/CUP#:** 2582

**Your Email Address:** boys2helland@

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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name:

ERIK Helland

Your Mailing Address:

3059 Course View Dr

Stoughton WI 53589

Your Phone #:

608-301-6562

Zoning Petition/CUP#: 2582

Your Email Address:

ERIK.Helland.63@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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name:

Mark Asleson

Your Mailing Address:

1468 Pleasant Hill Rd

Stoughton WI 53589

Your Phone #:

608-438-4617

Zoning Petition/CUP#: 2582

Your Email Address:

mm65stang@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

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DATE of Meeting: 9/2/25

Your Name:

Jenney Ostrom

Your Mailing Address:

2716 Rolling View Rd

Stoughton WI 53589

Your Phone #:

608-206-2042

Zoning Petition/CUP#: 2582

Your Email Address:

jostrom113@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

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lane.roger@countyofdane.com.

**DATE of Meeting:** 9/2/25

**Your Name:** Myranda Kotowski

**Your Mailing Address:** PO Box 750

Stoughton WI 53589

**Your Phone #:** 608-501-7388

**Zoning Petition/CUP#:** 2582

**Your Email Address:** myranda.kotowski@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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Lexi Heidkamp

Your Mailing Address: 732 Greig Trail

Stoughton WI 53589

Your Phone #: 224-392-9386

Zoning Petition/CUP#: 2582

Your Email Address: jcanjacketgirls@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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Austin Kotlowski

Your Mailing Address: 732 Greig Trail

Stoughton WI 53589

Your Phone #: 608-669-4744

Zoning Petition/CUP#: 2582

Your Email Address: kotlows@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

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lane.roger@countyofdane.com.

**DATE of Meeting:** 9/2/25

**Your Name:** Mike Lankeel

**Your Mailing Address:** 2716 Rolling View Rd  
Stoughton WI 53589

**Your Phone #:** 608-209-3262

**Zoning Petition/CUP#:** 2582

**Your Email Address:** mikelankey7@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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Crystal Lane

Your Mailing Address: 4930 N. Santa Monica Blvd  
White Fish Bay WI 53217

Your Phone #: 414-380-9111

Zoning Petition/CUP#: 2582

Your Email Address: Crystal196365@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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: John Quam

Your Mailing Address: 318 Shadyside Dr

Stoughton WI 53589

Your Phone #: 608-575-1068

Zoning Petition/CUP#: 2582

Your Email Address: john@quammotor sports.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

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lane.roger@countyofdane.com.

**DATE of Meeting:** 9/2/25

**Your Name:** Mark Frey

**Your Mailing Address:** 3118 Shadyside Dr

Stoughton WI 53589

**Your Phone #:** 608-577-6640

**Zoning Petition/CUP#:** 2582

**Your Email Address:** lareau5pa@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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Christine Kotlowski

Your Mailing Address: 3062 Shadyside Dr  
Stoughton WI 53589

Your Phone #: 608-444-5500

Zoning Petition/CUP#: 2582

Your Email Address: christine.A.kotlowski@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

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**DATE of Meeting:** 9/2/25

**Your Name:** Nick Probst

**Your Mailing Address:** Country Club Rd  
Stoughton WI 53587

**Your Phone #:** 608 213 8795

**Zoning Petition/CUP#:** 2582

**Your Email Address:** Nick.Probst@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

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lane.roger@countyofdane.com.

**DATE of Meeting:** 9/2/25

**Your Name:** Pat Kotlowski

**Your Mailing Address:** 3065 Shadyside Dr  
Stoughton WI 53589

**Your Phone #:** 608-669-0912

**Zoning Petition/CUP#:** 2582

**Your Email Address:** Patat520ughton@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

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Wish to Register in Opposition

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[lane.roger@countyofdane.com](mailto:lane.roger@countyofdane.com).

DATE of Meeting: 9/2/25

Your Name:

Clark Bretthauer

Your Mailing Address:

4706 Banista Dr

Nk Farlow WI 53558

Your Phone #:

608-290-1641

Zoning Petition/CUP#: 2582

Your Email Address:

clarkb3410@gmail.com

Please check the appropriate box(es) below to indicate your position on the proposal.

☐

Wish to Speak in Support

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Wish to Speak in Opposition

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Wish to Register in Support

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Carolyn Michael

Your Mailing Address: 804 Lakewood Dr

McKinney TX 75070

Your Phone #: 678-234-0412

Zoning Petition/CUP#: 2582

Your Email Address: carolynmichael99ent@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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Janet White

Your Mailing Address: 4339 Mayfair Rd

Milwaukee WI 53222

Your Phone #: 414-218-6699

Zoning Petition/CUP#: 2582

Your Email Address: janetwhite@streglobal.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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Sue Ramsett-Kretz

Your Mailing Address: 2110 N. Main

Davenport IA 52803

Your Phone #: 563-508-7465

Zoning Petition/CUP#: 2582

Your Email Address: Sueramsett@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

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lane.roger@countyofdane.com.

**DATE of Meeting:** 9/2/25

**Your Name:**

Michele Margg

**Your Mailing Address:**

477 meadowood Rd

Oregon WI 53575

**Your Phone #:**

608-289-9275

**Zoning Petition/CUP#:** 2582

**Your Email Address:**

themarggis@gmail.com

**Please check the appropriate box(es) below to indicate your position on the proposal.**

☐

Wish to Speak in Support

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Wish to Speak in Opposition

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Wish to Register in Support

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Wish to Register in Opposition

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Timothy Kotlowski

Your Mailing Address: 3062 Shadyside Dr  
Stoughton WI 53589

Your Phone #: 608-669-6503

Zoning Petition/CUP#: 2582

Your Email Address: mobile.dent@tds.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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name:

Chase Kotowski

Your Mailing Address:

P.O. Box 750

Stoughton, WI 53589

Your Phone #:

608-513-2622

Zoning Petition/CUP#: 2582

Your Email Address:

ChaseKotowski@gmail.com

Please check the appropriate box(es) below to indicate your position on the proposal.

☐

Wish to Speak in Support

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Wish to Speak in Opposition

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Wish to Register in Support

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name: Sheli Asleson

Your Mailing Address: 1468 Pleasant Hill Rd  
Stoughton WI 53589

Your Phone #: 608-438-4659

Zoning Petition/CUP#: 2582

Your Email Address: mlasleson4@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

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name:

ELISE MCLAURY

Your Mailing Address:

2757 ESQUIRE

STOUGHTON WI

Your Phone #:

608-843-9235

Zoning Petition/CUP#: 2582

Your Email Address:

elisemclaurya@gmail.com

Please check the appropriate box(es) below to indicate your position on 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.

DATE of Meeting: 9/2/25

Your Name: Jeff Marggi

Your Mailing Address: 477 Meanderwood Rd

Oregon WI 53575

Your Phone #: 608-712-9275

Zoning Petition/CUP#: 2582

Your Email Address: the.marggis@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 summary of your comments and/or concerns regarding the proposal.

**DANE COUNTY ZONING & LAND REGULATION COMMITTEE**

**REMOTE MEETING PUBLIC REGISTRATION FORM**

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lane.rogger@countyofdane.com.

**DATE of Meeting:** 9/2/25

**Your Name:**

Keith Comstock

**Your Mailing Address:**

3080 Shadyside Dr

Stoughton WI 53589

**Your Phone #:**

1-808-225-8053

**Zoning Petition/CUP#:** 2582

**Your Email Address:**

Keith@Clark-Heating.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.



# DANE COUNTY ZONING & LAND REGULATION COMMITTEE

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lane.roger@countyofdane.com.

DATE of Meeting: 9/2/25

Your Name:

Todd Wiedenfeld

Your Mailing Address:

1140 Ireland Drive

Wauwatosa WI 53597

Your Phone #:

608-444-9464

Zoning Petition/CUP#: 2582

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

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