

#16894

Date: 1/19/2010

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name TIMOTHY HEATH
Address 6031 OLD MIDDLETON ROAD
MADISON WI 53705

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- and Wish to speak
Do not wish to speak
Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Blank lines for name, address and telephone number of each person or organization represented.

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

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Agenda No. 6

Name ALISON CRAIG
Address 13 Veblen Pl
Madison WI
53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

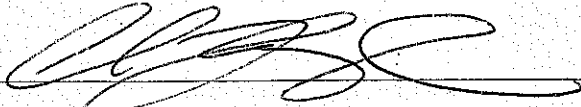
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Date 1/19/2010

Signature 
Print Name AARON CRAIG

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

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Agenda No. #6

Name Nancy Diekelmann
Address 1705 Heim Avenue
Madison, WI 53705-1029

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council)..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 1-19-10

Signature

Nancy Diekelmann

Print Name

Nancy Diekelmann

Date: 19 JAN '10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name JOHN DIEKELMANN
Address 1705 HEIM
MADISON, WI 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Information Hearing..... 3 minutes
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(SEE BACK)

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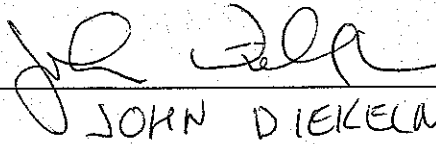
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Date 19 JAN '10

Signature



Print Name

JOHN DIECKMANN

Date: 1-19-2010

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

old m. d. dutton Rd

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name Bern Lawnik

Address 6233 countryside Lane
MADISON

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council)..... 5 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>6</u> <u>Old Middleton Road</u>
--

Name Nancy Nikora
 Address 41 Rough Lee Ct
Madison WI 53705

Please check the appropriate boxes:

- Support**
 Oppose
 Neither Support Nor Oppose

- and Wish to speak
 Do not wish to speak
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Speaking Limits: Public Hearing (Common Council)..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

Date: 1/19/10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name JAMES NIKORA
Address 41 ROUGH LEG CT
MADISON 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits:

Public Hearing (Common Council)	5 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name Paul Gordon
Address 6216 Countryside Ln
Madison

Please check the appropriate boxes:

- Support
- Oppose** *in present form*
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Speaking Limits: Public Hearing (Common Council)..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 1-19-10

Signature



Print Name

Paul Gusty

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 0

Name Scott Krickellaine
Address 6233 Countryside Lane
Madison 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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- Information Hearing..... 3 minutes
- Other Items..... 3 minutes

(SEE BACK)

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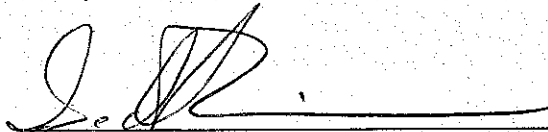
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Date 1/19/10

Signature 

Print Name Scott Kirkpatrick

Date: Jan 19, 2010

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6 16894

Name Don Gors
Address 22 Rough Lee Ct.

Please check the appropriate boxes:

- Support
- Oppose As Designed
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date Jan 19, 2010

Signature Donald G Gars Jr.
Print Name Donald G Gars Jr

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name Jean Knickelbine
Address 6233 Cantyside Lane
Madison WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)

Name, address and telephone number of each person or organization you are representing:

~~See previously submitted on Middleton Road~~
~~petition forms submitted via email to council~~
Jean Knickelbine 6233 Cantyside Lane Madison
608-233-1233

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

- Public Hearing (Common Council)..... 5 minutes
- Information Hearing..... 3 minutes
- Other Items..... 3 minutes

(SEE BACK)

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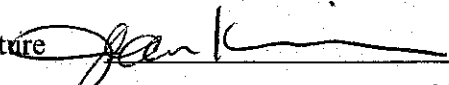
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Date 1-19-10

Signature 
Print Name Jean Knickelbine

Date: 1/19/2010

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name Cheryl Buresh
Address 6131 Old Middleton Road
MADISON, WI 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Speaking Limits:

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Information Hearing 3 minutes
Other Items 3 minutes

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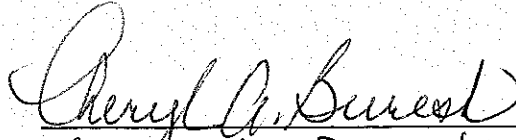
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Date Jan. 19, 2010

Signature 
Print Name Cheryl A. Buresh

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name DAVID ZEHLE
Address 15 ROUGH LEE CT.
MADISON

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Are you appearing as part of your other paid duties for this person or organization? Yes No
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Other Items	3 minutes

(SEE BACK)

Date: 1/19/2010

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name DAVID RIHN
Address 1508 CAPITAL AVE
MADISON 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council).....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

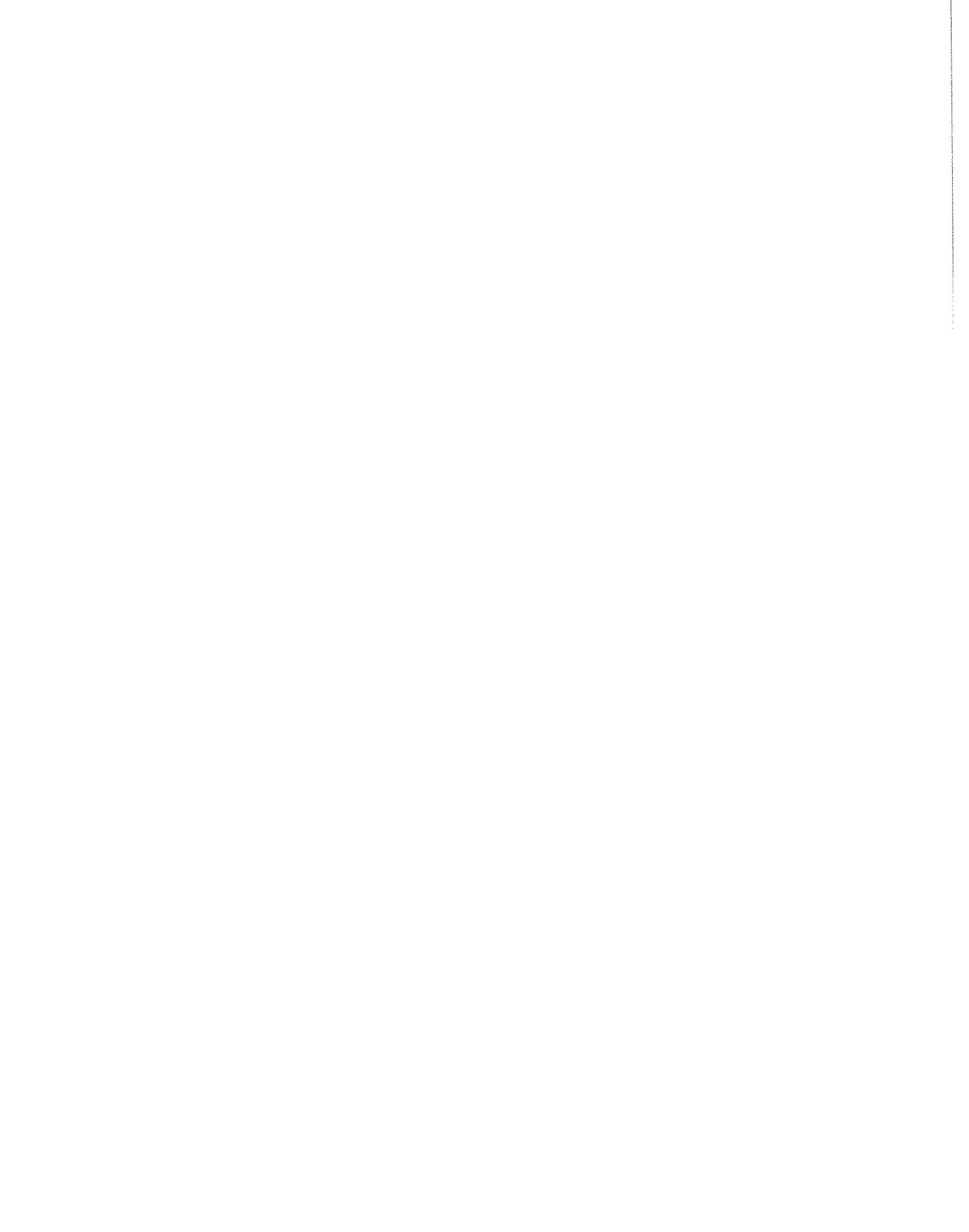
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____



As residents of the Old Middleton Road Neighborhood, we object to the widespread destruction of the trees that will be caused by the proposed reconstruction of Old Middleton Road. Specifically, we oppose:

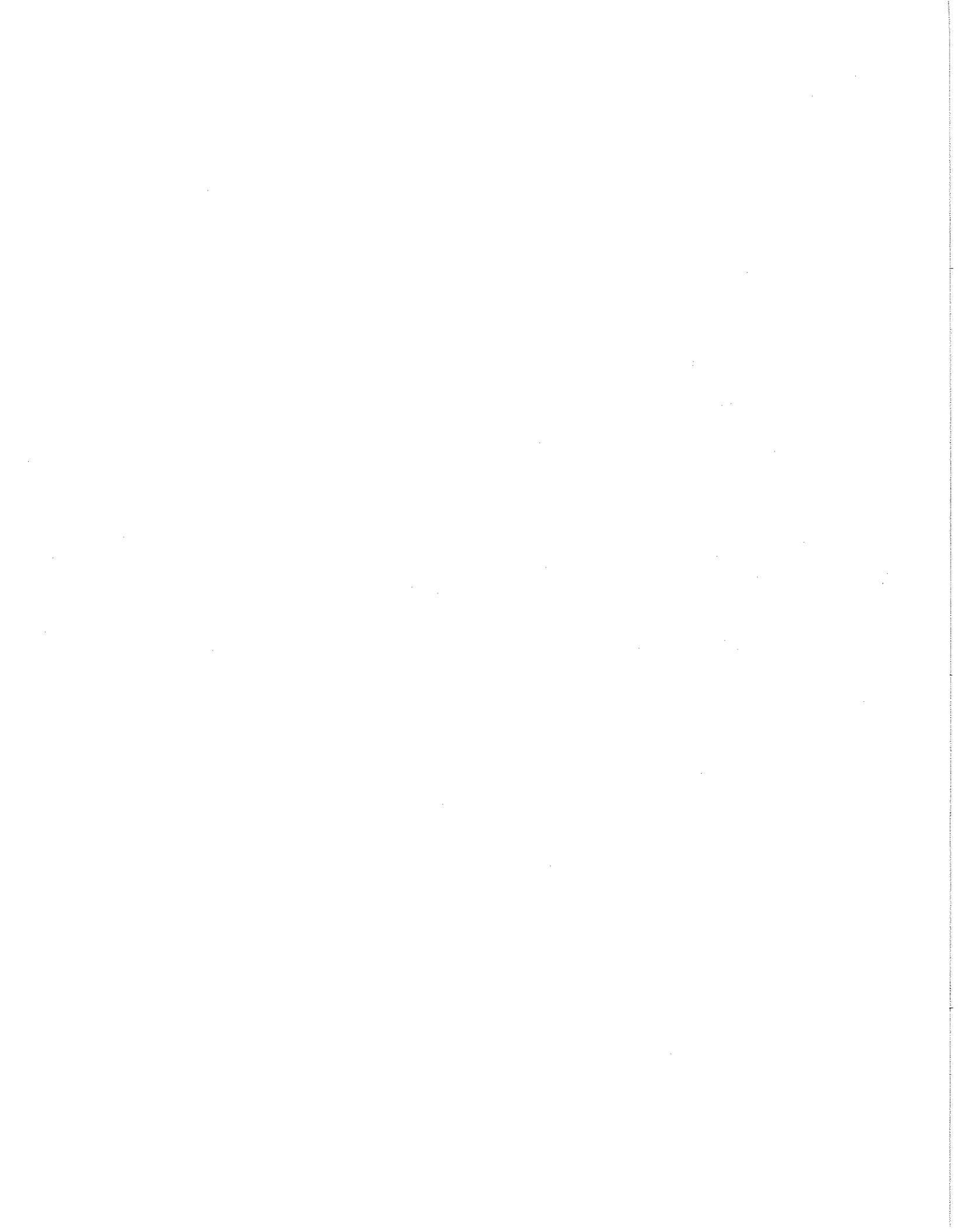
1. Removal of over 200 trees along the Old Middleton Road corridor.
2. Clear-cutting of the greenway adjacent to the Old Middleton Road corridor for the construction of sediment ponds.
3. Work adjacent to old trees within the Old Middleton Road corridor that will endanger their continued survival.
4. Increase in the impervious surface area of Old Middleton Road.

We request that any implemented plan to rebuild Old Middleton Road:

5. Confine construction to the existing road bed.
6. Preserve the rustic character of Old Middleton Road.
7. Preserve the existing tree population

Signature	Address	1	2	3	4	5	6	7
<i>Suzanne Karcher</i>	<i>6101 Old Middleton Rd</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Carl Karcher</i>	<i>6101 Old Middleton Rd</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Tina Fougard</i>	<i>6030 Old Middleton Rd</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

*Needs date entry
4:37 1-18-10*



As residents of the Old Middleton Road Neighborhood, we object to the widespread destruction of the trees that will be caused by the proposed reconstruction of Old Middleton Road. Specifically:

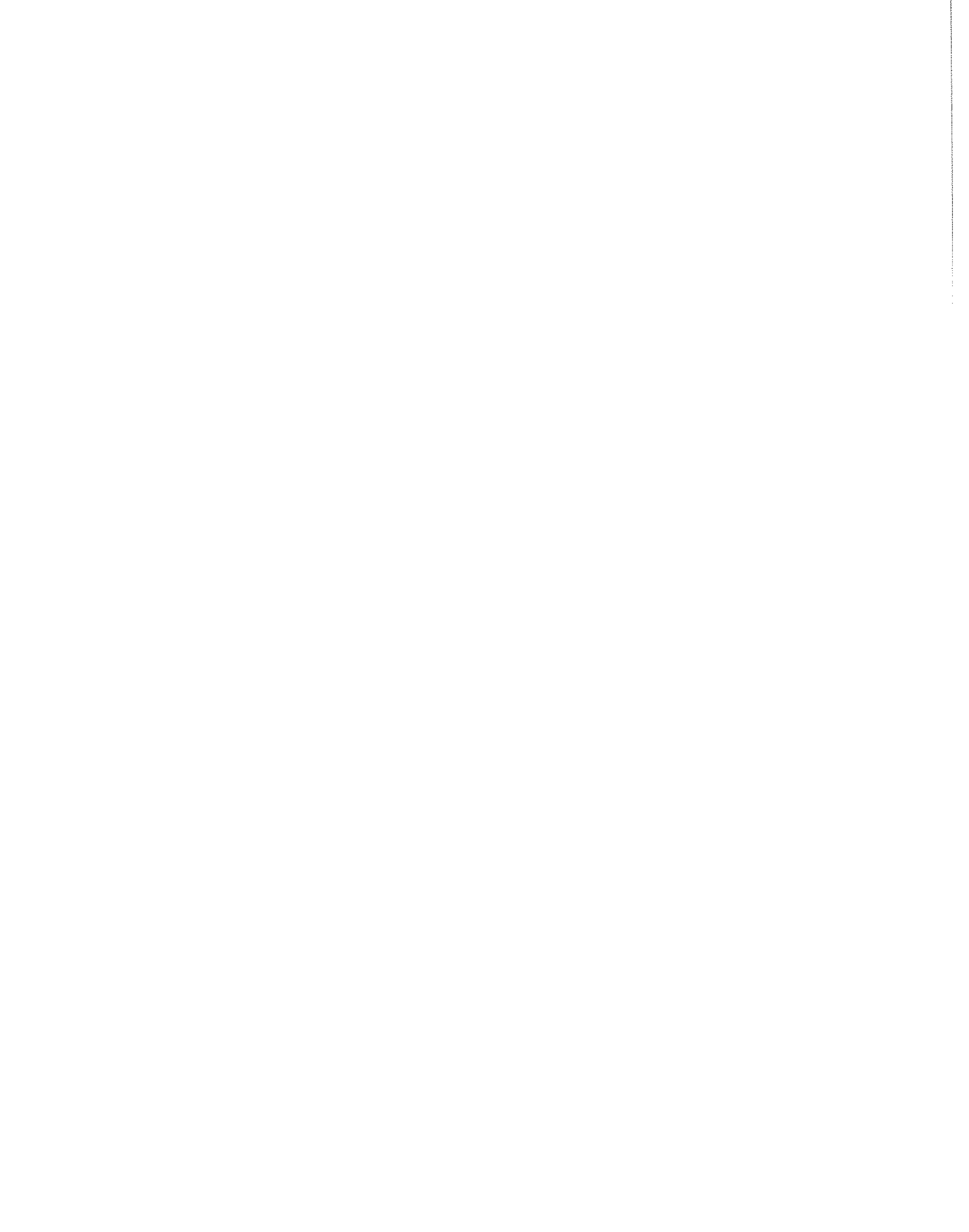
1. We oppose removal of over 200 trees along the Old Middleton Road corridor.
2. We oppose clear-cutting of many more trees in the greenway adjacent to the Old Middleton Road corridor for the construction of sediment ponds.
3. We oppose work adjacent to old trees within the Old Middleton Road corridor that will endanger their continued survival.
4. We oppose any increase in the impervious surface area of Old Middleton Road.

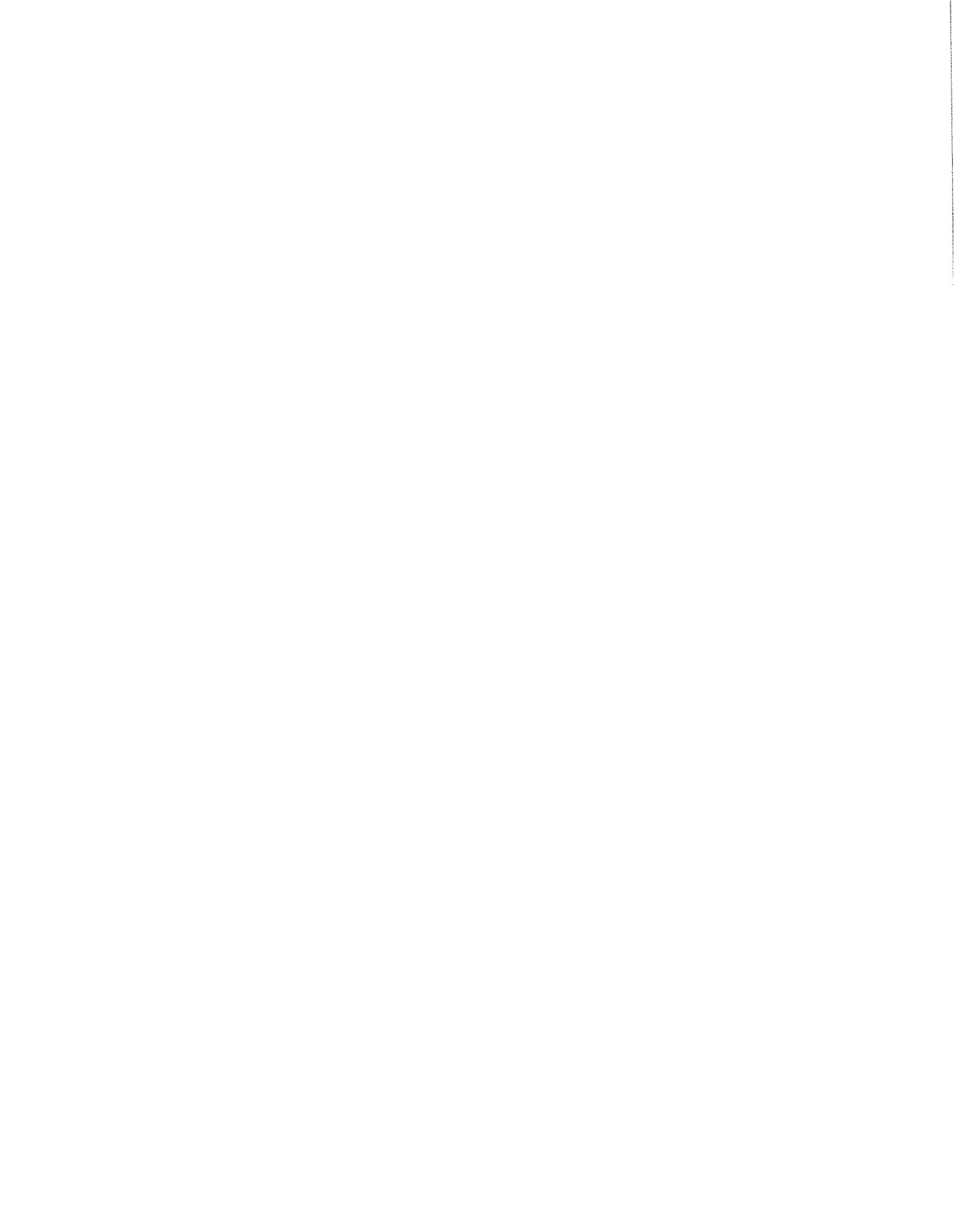
Any implemented plan to rebuild Old Middleton Road should:

5. Confine construction to the area of the existing road bed.
6. Preserve the rustic character of Old Middleton Road.
7. Preserve the existing tree population

Signature	Address	1	2	3	4	5	6	7
<i>[Signature]</i>	6233 Countryside Lane	X	X	X			X	X
<i>[Signature]</i>	6233 countryside lane	X	X	X			X	X
<i>[Signature]</i>	6264 Paske Ct.	X		X			X	X
<i>[Signature]</i>	6264 Paske ct.	X	X	X			X	X
<i>[Signature]</i>	6225 Countryside	X	X	X			X	X
<i>[Signature]</i>	6225 Countryside	X	X	X			X	X
<i>[Signature]</i>	6233 Countryside	X	X	X			X	X
<i>[Signature]</i>	6230 Countryside Ln	X					X	
<i>[Signature]</i>	6234 Countryside Lane	X	X	X			X	X
<i>[Signature]</i>	6202 Paske Ct	X	X	X		X	X	X







As concerned citizens who appreciate the Old Middleton Road neighborhood, we object to the widespread destruction of the trees that will be caused by the proposed reconstruction of it. Specifically:

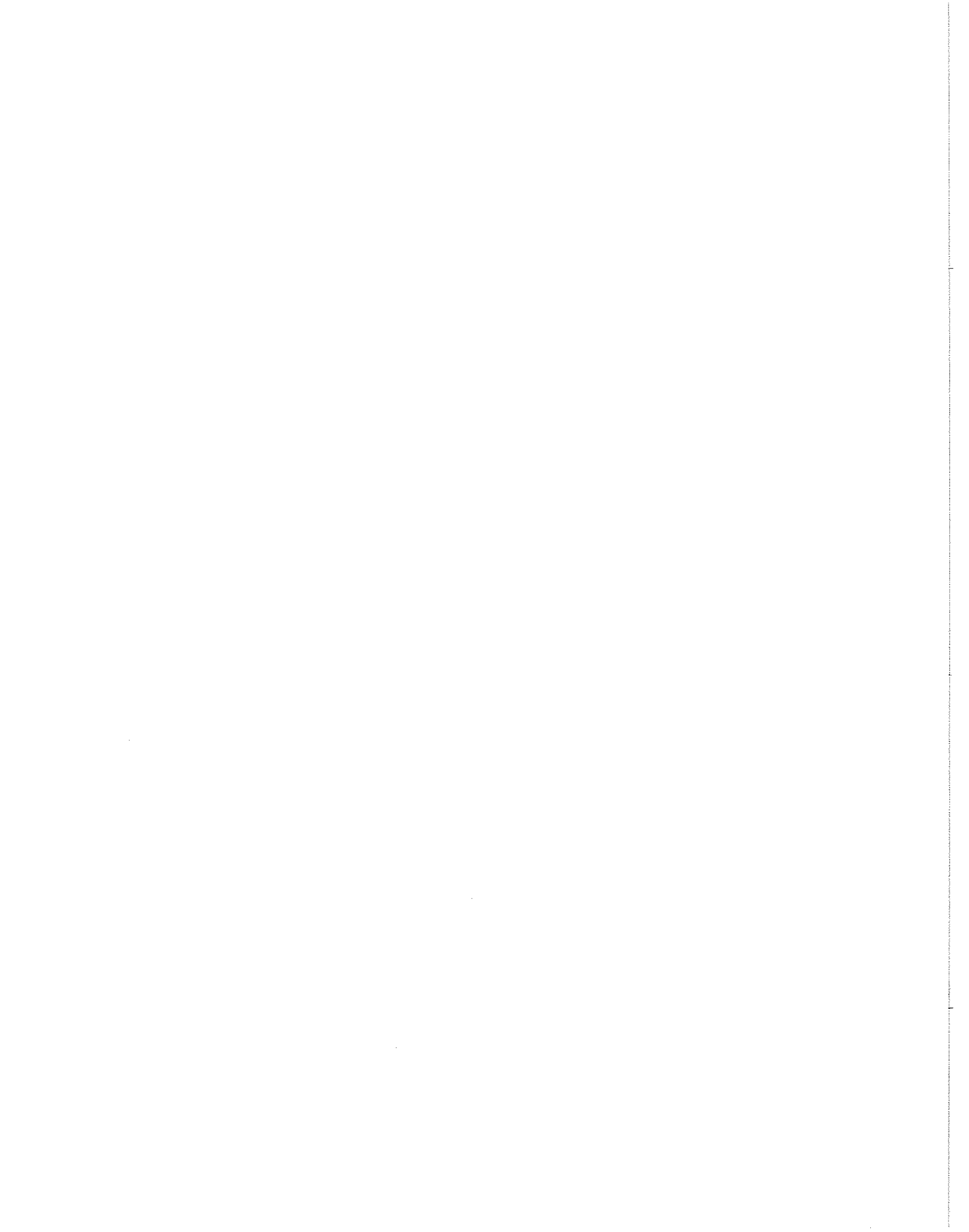
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Signature	Address	1	2	3	4	5	6	7
<i>[Signature]</i>	5425 HAMPTON CT MADISON	✓	✓	✓	✓		✓	
<i>[Signature]</i>	6707 MAPLE CT Middleton	✓	✓	✓			✓	

Needs data entry
4:50 1-18-10



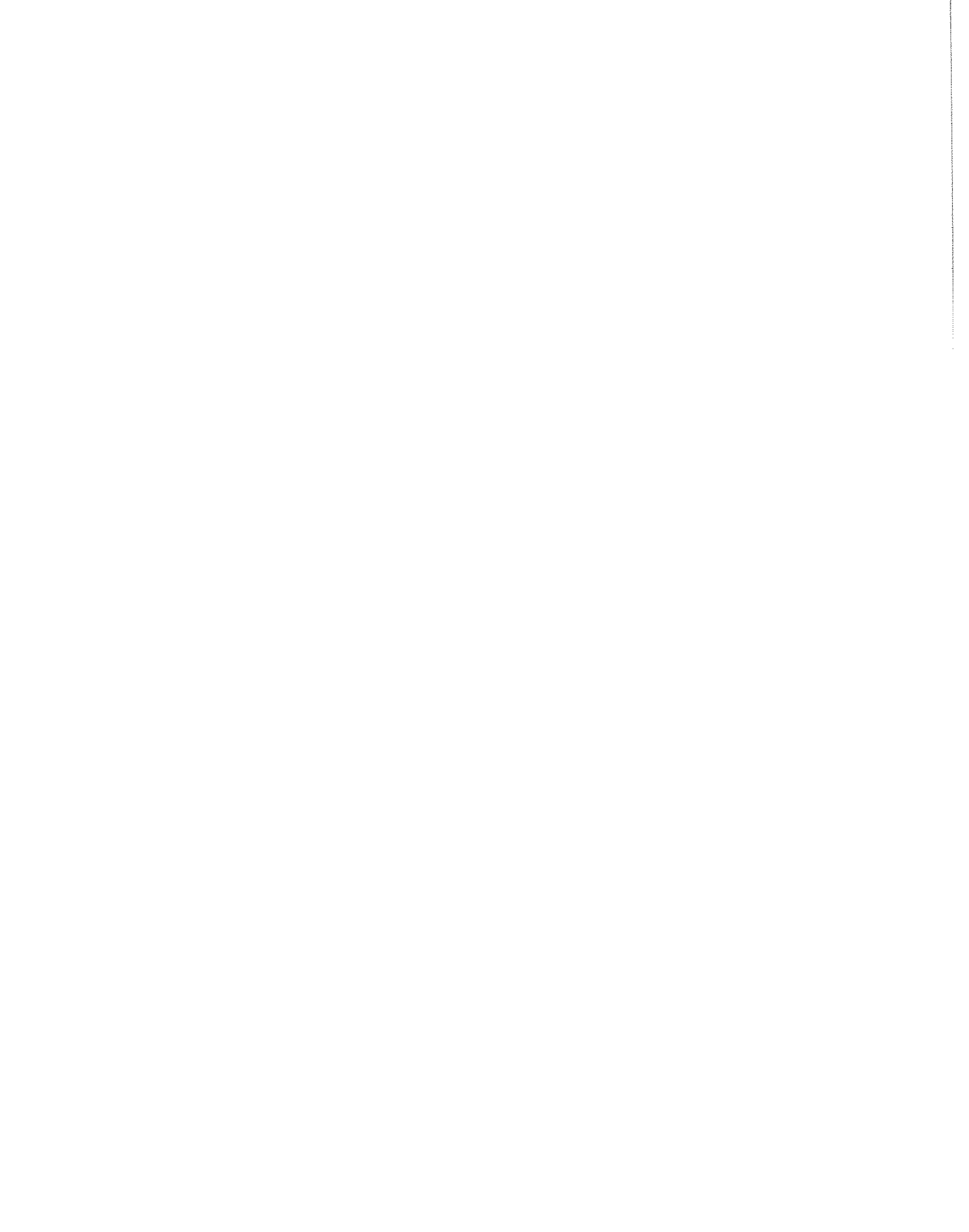
As residents of the Old Middleton Road Neighborhood, we object to the widespread destruction of the trees that will be caused by the proposed reconstruction of Old Middleton Road. Specifically:

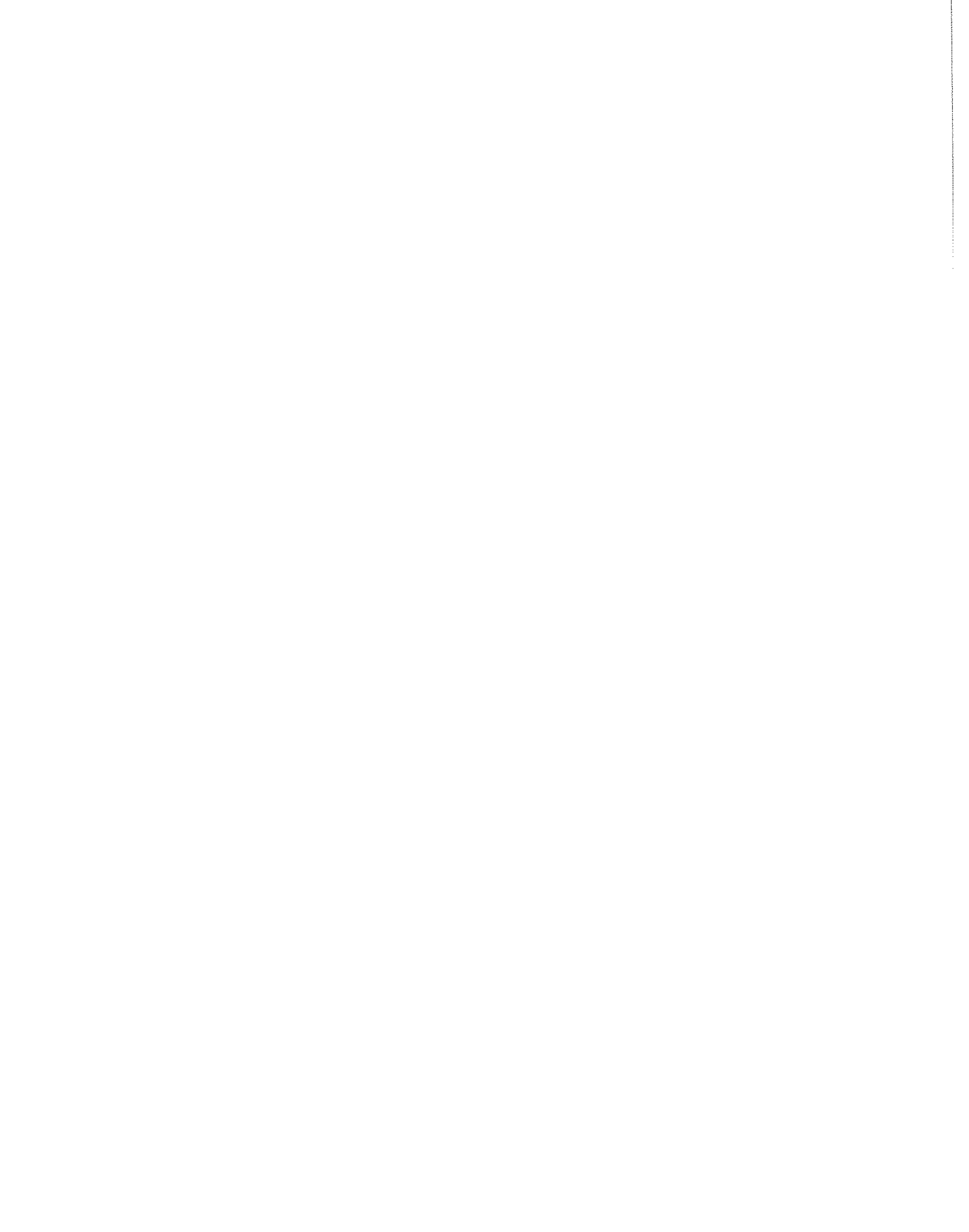
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Signature	Address	1	2	3	4	5	6	7
Cheryl Burenh	6131 Old Middleton Road	✓	✓	✓	✓	✓	✓	✓
A. P. A. Schmitt	6131 Old Middleton Rd.	✓	✓	✓	✓	✓	✓	✓
Julia B.	6045 Old Middleton Rd.	✓	✓	✓	✓	✓	✓	✓
Debra Debra	"	✓	✓	✓	✓	✓	✓	✓
Bridget Nadel	6105 Old Middleton			✓		✓	✓	✓
Robin K. Engelhardt	34 Rough Lee	✓	✓	✓	✓	✓	✓	✓
Sam G. G.	34 Rough Lee Ct	✓	✓	✓	✓	✓	✓	✓
David Zehel	15 ROUGH LEE Ct.	✓	✓	✓	✓	✓	✓	✓
Michelle Schueleking	6109 Old Middleton	✓	✓	✓	✓	✓	✓	✓
Lexy Natz	6038 Old Middleton	✓	✓	✓	✓	✓	✓	✓
Lucretia Thompson	1602 Crystal Dr., Madison	✓	✓	✓	✓	✓	✓	✓
Robert Schueleking	6109 Old Middleton	✓	✓	✓	✓	✓	✓	✓
Wynne Ames	6134 Old Middleton Rd	✓	✓	✓	✓	✓	✓	✓
Stephanie Nelson Zehel	15 Rough Lee Ct	✓	✓	✓	✓	✓	✓	✓
Mark Zehel	"	x	x	x	x	x	x	x
John Becker	6218 Old Middleton	✓	✓	✓	✓	✓	✓	✓





As residents of the Old Middleton Road Neighborhood, we object to the widespread destruction of the trees that will be caused by the proposed reconstruction of Old Middleton Road. Specifically:

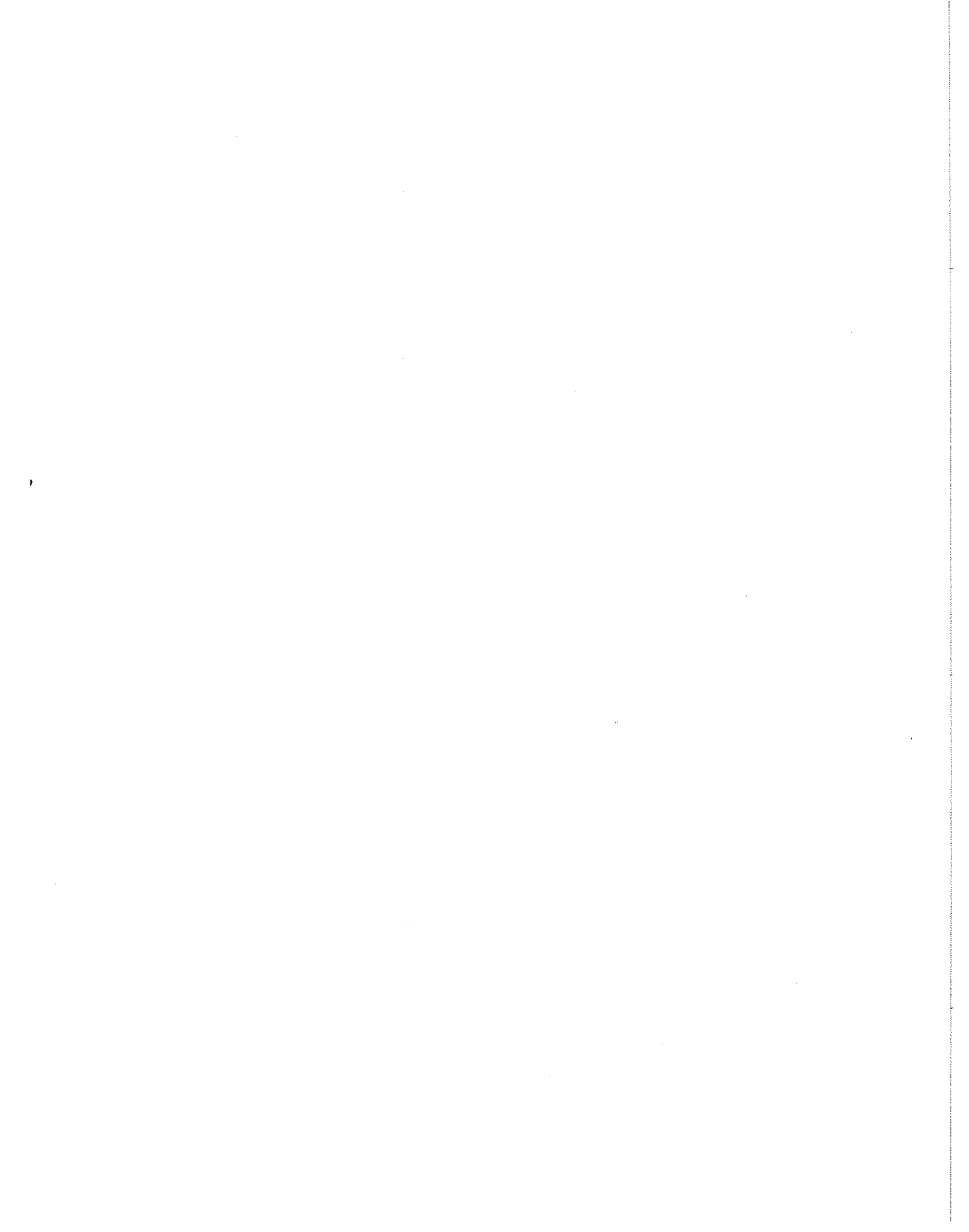
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<i>J. R. Zehle</i>	1705 HEIM	✓	✓	✓	✓	✓	✓	✓
<i>Nancy K. Dickelmann</i>	1705 Heim Avenue	✓	✓	✓	✓	✓	✓	✓
<i>Edward B. Bally</i>	1706 Heim Avenue	✓	✓	✓	✓	✓	✓	✓
<i>Helen Heberlein</i>	1713 Heim Ave.	✓	✓	✓	✓	✓	✓	✓
<i>Dev Thom</i>	1721 Heim Ave.	✓	✓	✓	✓	✓	✓	✓
<i>Dr. Mike Thom</i>	1721 Heim Ave.	✓	✓	✓	✓	✓	✓	✓
<i>Betty E. Krause</i>	6105 Quebec Dr	✓	✓	✓	✓	✓	✓	✓
<i>Gennifer J. Bauer</i>	6102 Quebec Dr.	✓	✓	✓	✓	✓	✓	✓
<i>Stephen K. Sun</i>	6102 Quebec Dr.	✓	✓	✓	✓	✓	✓	✓
<i>Bonnie K. Koebe</i>	1725 Heim Ave.	✓	✓	✓	✓	✓	✓	✓
<i>Edith First</i>	1717 Heim Ave	✓	✓	✓	✓	✓	✓	✓
<i>SUSAN PADBERG +</i>	1729 Heim Ave	✓	✓	✓	✓	✓	✓	✓
<i>ROSS RICHARDSON</i>	1729 Heim Ave	✓	✓	✓	✓	✓	✓	✓
<i>Lanana Gault</i>	1718 Heim Ave	✓	✓	✓	✓	✓	✓	✓
<i>Ruel S. Mott</i>	6101 Quebec Ave	✓	✓	✓	✓	✓	✓	✓
<i>Judy Mott</i>	6101 Quebec Ave.	✓	✓	✓	✓	✓	✓	✓

Needs data entry
4. 97 1-18-10



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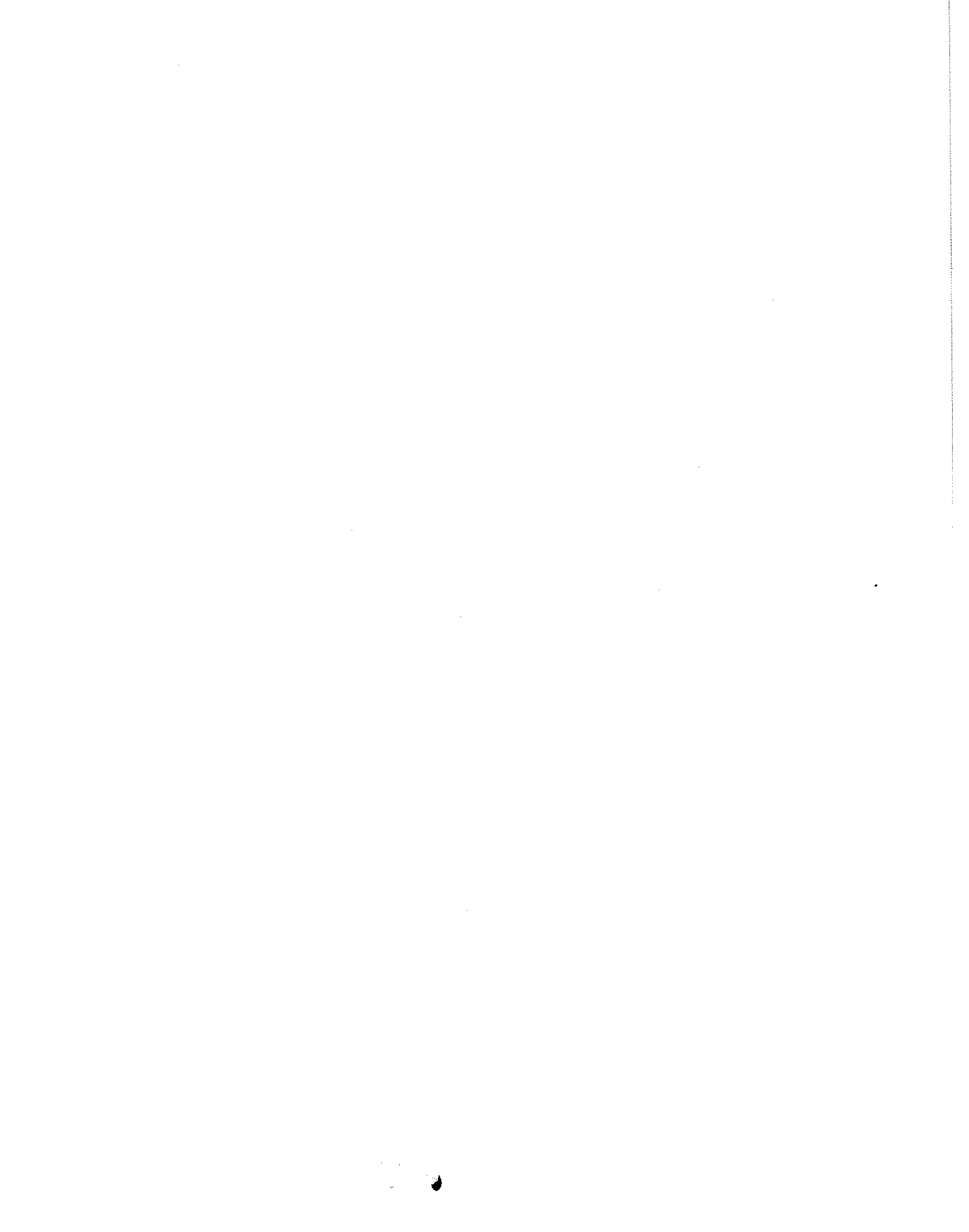
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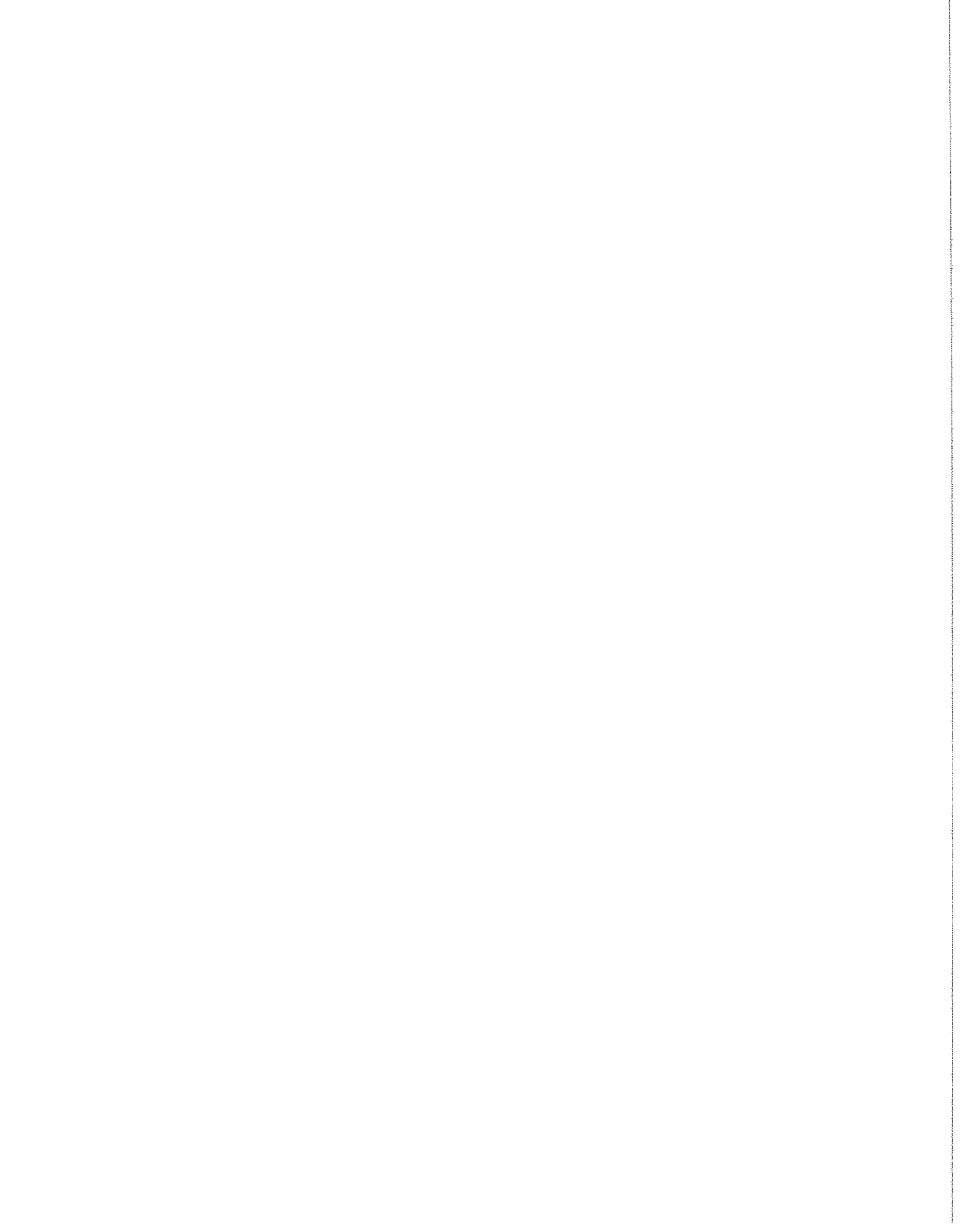
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Signature	Address	1	2	3	4	5	6	7
<i>[Signature]</i>	1714 Heim Ave.	✓	✓	✓				✓
<i>Ruth [Signature]</i>	6103 Quetta Dr.	✓		✓	✓	✓	✓	

Needs data entry
4:37 1-18-10





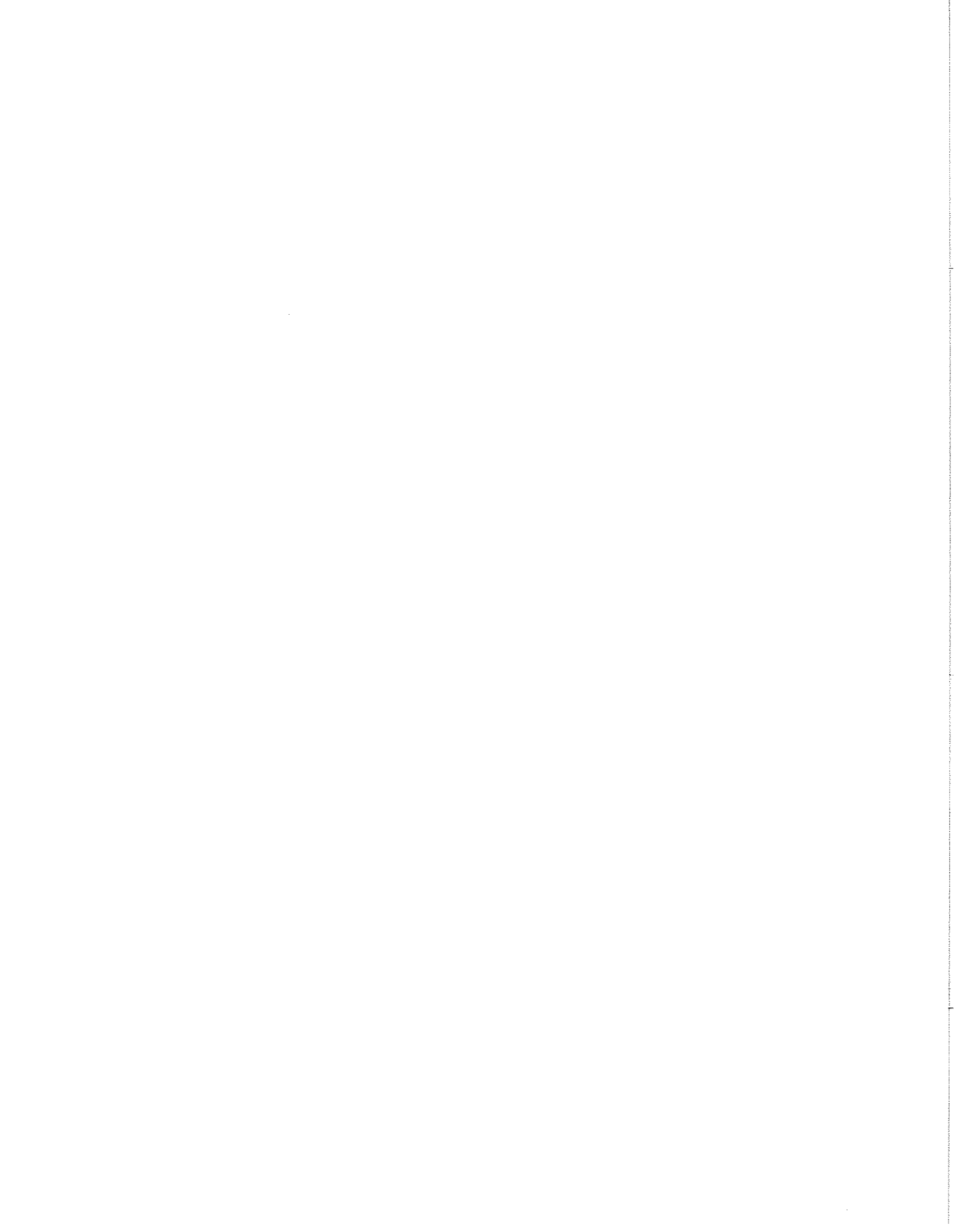
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<i>John S. Jellechi</i>	1602 Cypress Trail	✓	✓				✓	✓
<i>John J. Jellechi</i>	1618 Cypress Trail	✓	✓			✓	✓	✓
<i>Debra M. Borge</i>	1622 Cypress Trail	✓		✓			✓	✓
<i>Kathleen D. Dwyer</i>	1630 Cypress Trail	✓	✓	✓		✓	✓	✓
<i>John K. Knechtel</i>	6233 Countryside Lane	✓	✓	✓	✓	✓	✓	✓
<i>John J. Jellechi</i>	6114 Old Middleton Rd	✓	✓	✓	✓	✓	✓	✓
<i>John J. Jellechi</i>	6114 Old Middleton Rd	✓	✓	✓	✓	✓	✓	✓
<i>Mr. P. J. Shewes</i>	6010 Old Middleton Rd	✓	✓	✓	✓	✓	✓	✓
<i>Robert & Mary Sobel</i>	1 Rough Lee Ct	✓	✓	✓	✓	✓	✓	✓
<i>Diana Moths</i>	1 Veblen Pl	✓	✓	✓				
<i>Sarah Harrison</i>	6006 Old Middleton Road	✓	✓	✓	✓	✓	✓	✓
<i>P. Jellechi</i>	6214 Old Middleton Rd	✓	✓	✓	✓	✓	✓	✓
<i>John J. Jellechi III</i>	6018 Old Middleton Rd	✓	✓	✓			✓	✓
<i>John & Edna Colson</i>	37 Rough Lee Ct	✓	✓	✓		✓	✓	✓
<i>John J. Jellechi</i>	9 Veblen Pl	✓	✓	✓			✓	✓
<i>John J. Jellechi</i>	6227 Old Middleton Rd	✓	✓	✓	✓	✓		✓



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Check for any exceptions

Signature	Address	1	2	3	4	5	6	7
Alan V. Biebley	6130 Old Middleton Road							
Susan H. Buckley	6130 Old Middleton Road							
Robert D. Duff	6126 Old Middleton Rd							
Karen K. Shuster	6118 Old Middleton Rd							
Sandra Shuffert	6118 Old Middleton Rd							
D. J. [unclear]	30 Rough Lee Ct Madison WI							
Jean Anderson-Nick	30 Rough Lee Ct. Madison WI							
Nancy K. Kipora	41 Rough Lee Ct Madison WI 53705				?			
James Chikara	41 Rough Lee Ct 53705			SEE LIST				
MARY ANSFIELD	21 ROUGH LEE CT 53705							
Donald S. Dowd	22 Rough Lee Ct. 53705							
Janelle Marlow-XLan	22 Rough Lee Ct. 53705							
Helen M. Goss	22 Rough Lee Ct. 53705							
Jill [unclear]	9 Rough Lee Court 53705							
Karen Kitzstein	6119 Old Middleton, Madison 53705							

