

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Kwik Trip New Store
YOUR NAME DAVE RING DATE 9/16/19
YOUR ADDRESS 1626 Oak Street, La Crosse, WI 54601

Please check the appropriate boxes:

☒ **Support**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

☒ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Do not wish to speak

☐ Do not wish to speak

☐ Available to answer questions

☐ Available to answer questions

☐ 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," go on to the next questions.)

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" to both these questions, **STOP**. You need not complete the rest of this form.
If you answered "yes," please continue.)

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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(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 9/16/19

Signature

David W. Ring

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

(Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

1. Applicants or their agents are requested to register, appear, and explain their proposal. Applicants are also requested to remain for questions until their item is voted on.

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3. The most effective statements are brief, well organized, and avoid repetition. If you agree with the statement of a prior speaker, please so indicate rather than repeating those statements.
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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC KWIK TRIP
YOUR NAME TROY MLEZIVA DATE 9-16-19
YOUR ADDRESS 1626 DAK Street LA Crosse, WI 54601

Please check the appropriate boxes:

- | | | |
|--|--|--|
| ☒ Support | ☐ Oppose | ☐ Neither Support Nor Oppose |
| ☒ Wish to speak (3 min. limit) | ☐ Wish to speak (3 min. limit) | ☐ Wish to speak (3 min. limit) |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☐ Do not wish to speak |
| ☐ Available to answer questions | ☐ Available to answer questions | ☐ Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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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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If you answered "yes," please continue.)

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 9/16/19 Signature [Signature]

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 6510 COTWAS GROVE RD

YOUR NAME JEFF OSBORN DATE 09/16/2019

YOUR ADDRESS 1626 OAK ST LA CROSSE, WI 54602

Please check the appropriate boxes:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Do not wish to speak

☐ Do not wish to speak

☐ Available to answer questions

☐ Available to answer questions

☐ 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," go on to the next questions.)

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

KWIK TRIP, INC

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" to both these questions, **STOP**. You need not complete the rest of this form.
If you answered "yes," please continue.)

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☐ Yes

☒ No

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Date 09/16/2019

Signature [Signature]

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC Quik Trip New Store
 YOUR NAME Dax Connely DATE 9/16/19
 YOUR ADDRESS 1626 Oak St. La Crosse, WI 54602

Please check the appropriate boxes:

☒ **Support**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

☒ **Wish to speak (3 min. limit)**

☐ **Wish to speak (3 min. limit)**

☐ **Wish to speak (3 min. limit)**

☐ **Do not wish to speak**

☐ **Do not wish to speak**

☐ **Do not wish to speak**

☐ **Available to answer questions**

☐ **Available to answer questions**

☐ **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," go on to the next questions.)

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?
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☐ Yes

☒ No

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☐ Yes

☐ No

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Date 9/16/19

Signature Dax Connely

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**PLAN COMMISSION
REGISTRATION FORM**

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 57100 - 6510 Cottage Grove Rd
YOUR NAME Greg Polachek DATE 9/16/19
YOUR ADDRESS 6420 Cottage Grove Road - neighbors to the planned project

Please check the appropriate boxes:

- | | | |
|---|--|--|
| ☒ Support | ☐ Oppose | ☐ Neither Support Nor Oppose |
| ☐ Wish to speak (3 min. limit) | ☐ Wish to speak (3 min. limit) | ☐ Wish to speak (3 min. limit) |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☐ Do not wish to speak |
| ☒ Available to answer questions | ☐ Available to answer questions | ☐ Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No
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Name, address and telephone number of each person or organization you are representing:

Summit Credit Union

Are you being paid for your representation? - Employed by Summit as Real Estate Manager ☒ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization? ☒ Yes ☐ No
(If you answered "no" to both these questions, **STOP**. You need not complete the rest of this form. If you answered "yes," please continue.)

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PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 10 SUBJECT/ADDRESS/TOPIC 6510 COTTAGE GROVE RD. → KWIK TRIP

YOUR NAME ERIC OLSON

DATE 09/16/2019

YOUR ADDRESS 122 W. WASHINGTON AVE. SUITE 350

Please check the appropriate boxes:

☒ **Support**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Do not wish to speak

☐ Do not wish to speak

☒ Available to answer questions

☐ Available to answer questions

☐ 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," go on to the next questions.)

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

HOVDE PROPERTIES (PROP. OWNER)

122 W. WASHINGTON AVE. SUITE 350

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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☐ Yes

☐ No

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**PLAN COMMISSION
REGISTRATION FORM**

#10

AGENDA ITEM NO. 5710 SUBJECT/ADDRESS/TOPIC _____

YOUR NAME Gail Underbakke DATE 9-16-19

YOUR ADDRESS 6704 Cottage Grove Rd

Please check the appropriate boxes:

☐ **Support**

☐ **Oppose**

☒ **Neither Support Nor Oppose**

☐ Wish to speak (3 min. limit)

☐ Wish to speak (3 min. limit)

☒ Wish to speak (3 min. limit)

☐ Do not wish to speak

☐ Do not wish to speak

☐ Do not wish to speak

☐ Available to answer questions

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

☒ No

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☐ Yes

☒ No

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Date 9-16-19 Signature Gail Underbakke

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