



Municipal Boundary Review
PO Box 1645
Madison WI 53701
(608) 261-6097
wimunicipalboundaryreview@wi.gov
doa.wi.gov/municipalboundaryreview

INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Tamra Dickinson

ADDRESS: 2028 Charles St
LaCrosse, WI 54603

PHONE: 608 790-6909

REPRESENTING: City of LaCrosse, District 1

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☒ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
- ☐ Register in opposition.

COMMENTS: City of LaCrosse, Council President



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Shaundel Mayor washington-spivey

ADDRESS: 617 caledonia street la crosse WI
54601

PHONE: 414 759-4067

REPRESENTING: _____

Please check applicable statement(s):

- () I wish to testify in favor.
- (X) I wish to testify in opposition.
- () I wish to testify for informational purposes only.

I don't wish to testify but want to:

- () Register in favor.
- () Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Scott Johnson

ADDRESS: 3025 Lakeshore Dr

La Crosse WI 54603

PHONE: 608-792-4278

REPRESENTING: _____

Please check applicable statement(s):

- ☒ I wish to testify in favor.
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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Cassandra Hanan

ADDRESS: 1934 Prairie Pl.

Holmen WI 54636

PHONE: 608-498-2129

REPRESENTING: _____

Please check applicable statement(s):

- ☒ I wish to testify in favor.
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I don't wish to testify but want to:

- () Register in favor.
() Register in opposition.

COMMENTS: _____



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PUBLIC HEARING

DATE: 12/3/25

NAME: JASON STRATMAN

ADDRESS: 3309 LAKESHORE DR

LA CROSSE, WI 54603

PHONE: (608) 397-9775

REPRESENTING: TOWN OF CAMPBELL

Please check applicable statement(s):

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- ☐ I wish to testify in opposition.
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I don't wish to testify but want to:

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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Bob Wolpert

ADDRESS: 904 Susan Place TOC, W154603

PHONE: 608.738.4349

REPRESENTING: TOWN OF CAMPBELL

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
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☐ Register in opposition.

COMMENTS: CURRENT BOARD MEMBER

Utility Supervisor



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Ralph Thoren

ADDRESS: 600 Plainview Rd
French Island, WI

PHONE: 608-738-8361

REPRESENTING: French Island

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
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☐ Register in opposition.

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INCORPORATION HEARING REGISTRATION SLIP

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DATE: 12/3/25

NAME: LEE DONAHUE

ADDRESS: 921 PLAINVIEW RD

LACROSSE, WI 54603

PHONE: 608-783-7418

REPRESENTING: French Island, WI

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
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☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 3

NAME: JOHN Noyes

ADDRESS: 814 Bainbridge ST

PHONE: 608 792 0636

REPRESENTING: F J ROBENS CO INC

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

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☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Nate Melby

ADDRESS: 813 Kelly Pl

PHONE: 608-385-2218

REPRESENTING: _____

Please check applicable statement(s):

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I don't wish to testify but want to:

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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 1/2/

NAME: Jane Bennebose

ADDRESS: 3575 Incl Ave W (N. side of E 90)
La Crosse

PHONE: 608-769-6761

REPRESENTING: our family

Please check applicable statement(s):

- ☒ I wish to testify in favor.
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() I wish to testify for informational purposes only.

I don't wish to testify but want to:

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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.2023

NAME: William Binnebose III

ADDRESS: 2515 2nd Ave W
Dacrosse WI

PHONE: 608-780-0182

REPRESENTING: The Binnebose family

Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

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- ☐ Register in opposition.

COMMENTS: How does Incorporating affect
The PHAS situation?

PHAS



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DATE: 12/3/25

NAME: Tim Donahue

ADDRESS: 921 Plainview Road
La Crosse WI 54603

PHONE: 608 769-9303

REPRESENTING: Resident + Scout Leader

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
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☐ Register in opposition.

COMMENTS: _____



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DATE: 12-3-25

NAME: Jeff Foellmi
ADDRESS: 1503 Caroline Pt. Racine

PHONE: 608-784-3162

REPRESENTING: My Self

Please check applicable statement(s):

- () I wish to testify in favor.
() I wish to testify in opposition.
☒ I wish to testify for informational purposes only.

I don't wish to testify but want to:

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() Register in opposition.

COMMENTS: No The Voters Get To
Vote ON This Matter
or Will This Be Just Banned Through.



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PUBLIC HEARING

DATE: DEC 3 2025

NAME: TIM LARSON

ADDRESS: 1924 WAKOMIS AVE

PHONE: 608 780 3385

REPRESENTING: SELF

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
☐ Register in opposition.

COMMENTS: WRITTEN TESTIMONY ATTACHED

Campbell Incorporation Hearing

December 3, 2025

Tim Larson

1924 Nakomis AVE

Town of Campbell

I am a resident of the Town and have served two terms on the Zoning Board of Adjustment and was the pro bono architect for the Library the community designed 13 years ago.

I support the Town's incorporation as a Village. I trust the Town to do a great job in providing for the Health, Safety and Welfare of its residents. Recent significant events at the Omaha Tie Fire, Norwood Inn and Water Utility show how the Fire Department, Police Department and Town Board handle immediate crisis, persistent dangerous criminal behavior and damage to our water source.

In particular I'd like to recognize the Board for its leadership in our water emergency. When faced with 4300 residents with no safe drinking water they worked to understand the problem and create a longterm solution. It wasn't easy and often confusing but the result will be safe water for all.

By contrast if the City of La Crosse was truly interested in their neighbors' Health, Safety and Welfare they would be acting differently during the same on going water emergency.

Thank you



Tim Larson

tim.p.larson.architect@gmail.com

608-780-3385



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DATE: 12/3/25

NAME: Margaret Larson

ADDRESS: 1924 Nakomis
LX 54603

PHONE: 608-780-3099

REPRESENTING: myself

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

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() Register in opposition.

COMMENTS: _____



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DATE: 12/2/25

NAME: Walter Tulare

ADDRESS: 2520 Lakeshore Dr.
La Crosse, WI 54603

PHONE: 608 799-2530

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

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() Register in opposition.

COMMENTS: _____



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DATE: 12/3/2025

NAME: Mary Jo Werner

ADDRESS: 3337 Hanson Ct
La Crosse WI 54603

PHONE: 608-317-9790

REPRESENTING: Self

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
☐ Register in opposition.

COMMENTS: I support the incorporation and French
Island continuing as a distinct entity. Our
community has a lot of pride and
We are a group that support each other
We have a lot of positive enthusiasm
to be French Island - Village



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PUBLIC HEARING

DATE: 5/3/25

NAME: THOMAS ZP BEGAN

ADDRESS: 1905 ALAKOMIS AVE
LAY

PHONE: 641.330.8463

REPRESENTING: SELF

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
☐ Register in opposition.

COMMENTS: WE LIKE COMMUNITY ATMOSPHERE AS IT IS.
SMALL GOVERNMENTAL PRESENCE IS MORE FAVORABLE.



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DATE: 12/3/2025

NAME: Chris McAnelle Rago

ADDRESS: 820 Lori Pl.
LaCrosse, WI 54603

PHONE: 608-769-2386

REPRESENTING: LaCrosse County Library

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☒ I wish to testify for informational purposes only.

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COMMENTS: _____



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DATE:

12/3/25

NAME:

BROCK HARNEY

ADDRESS:

512 CALLAWAY BLVD.

LA CROSSE, WI 54603

PHONE:

319-325-1923

REPRESENTING:

MY FAMILY + NEIGHBORS

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
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COMMENTS:

CITY IS NOT ABLE TO PROVIDE
SERVICES IN A BETTER WAY, AND
WE LOSE LOCAL DECISION-MAKING POWER.



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DATE: 12/3/25

NAME: Joe We'He'kamp

ADDRESS: 2603 Thomas
LaCrosse WI 54603

PHONE: 608 7904576

REPRESENTING: Resident

Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

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- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.25

NAME: Dennis Boland

ADDRESS: 1413 La Crescent

PHONE: 608.222.2271

REPRESENTING: Self

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
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☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.25

NAME: M. Ann Boland

ADDRESS: 1413 LaCrescent St.

PHONE: 608.770.2271

REPRESENTING: myself

Please check applicable statement(s):

- (☒) I wish to testify in favor.
(☐) I wish to testify in opposition.
(☐) I wish to testify for informational purposes only.

I don't wish to testify but want to:

- (☐) Register in favor.
(☐) Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

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DATE: 12/3/25

NAME: Robert Abraham

ADDRESS: 910 Steven PL

PHONE: 608-406-4065

REPRESENTING: SELF

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: MIKE HUEBSCH

ADDRESS: 419 W FRANKLIN ST

WEST SALEM WI

PHONE: 608 397 7301

REPRESENTING: SELF

Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

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- ☐ Register in opposition.

COMMENTS: _____



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PUBLIC HEARING

DATE: 12/3/25

NAME: Nike Abraham

ADDRESS: 1926 Cherokee Ave
La Crosse, Wis. (TOWN OF CAMPBELL)

PHONE: 608 982 2527

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

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() Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.2025

NAME: Sally Munier

ADDRESS: 2507 Lakeshore Dr

La Crosse WI 54603

PHONE: 608 518-0537

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 4 2025

NAME: Terry Larson
ADDRESS: 1114 BRINBRIDGE

PHONE: 847-313-0498

REPRESENTING: Everyone Requesting
Something Controversial

Please check applicable statement(s):

- () I wish to testify in favor.
() I wish to testify in opposition.
(☒) I wish to testify for informational purposes only.

I don't wish to testify but want to:

- () Register in favor.
() Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: STEVEN DUFFERIN

ADDRESS: 2728 GRAND ST

PHONE: 608 792 7135

REPRESENTING: MYSELF

Please check applicable statement(s):

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() I wish to testify in opposition.
() I wish to testify for informational purposes only.

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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Allen Macha

ADDRESS: 1930 Cherokee Ave
La Crosse, WI

PHONE: 608-782-3124

REPRESENTING: _____

Please check applicable statement(s):

- (☒) I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

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PUBLIC HEARING

DATE: 12-3-2025

NAME: Scott Gartner

ADDRESS: 231 Shelly Lane
LaCrosse WI 54603

PHONE: 608 385-7438

REPRESENTING: Island Outdoors

Please check applicable statement(s):

- () I wish to testify in favor.
(X) I wish to testify in opposition. *← actually testified in favor of petition*
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

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() Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Eric Engholdt

ADDRESS: 2929 Bayshore Dr N
De

PHONE: 608-385-5021

REPRESENTING: My Family

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

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COMMENTS: I have oral arguments



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DATE: 12/3/25

NAME: Mike Horstman

ADDRESS: 910 Susan Place
LaCrosse WI 54603

PHONE: 608 386 4593

REPRESENTING: _____

Please check applicable statement(s):

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- ☐ I wish to testify in opposition.
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I don't wish to testify but want to:

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- ☐ Register in opposition.

COMMENTS: _____



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DATE: 12/3/25

NAME: Michelle Bartsch d Lynn Bartsch

ADDRESS: 2620 Thomas St.

PHONE: 608-769-8643

REPRESENTING: Michelle Bartsch

Please check applicable statement(s):

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() I wish to testify in opposition.
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DATE: 12/3/25

NAME: Brian Pampun

ADDRESS: 331 8th St. South

La Crosse, WI 54601

PHONE: 814-581-6421

REPRESENTING: _____

Please check applicable statement(s):

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- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: _____

NAME: John Korish

ADDRESS: 341 Yellen Ct

PHONE: 608 792-1045

REPRESENTING: SEDE

Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3

NAME: Leslie Root

ADDRESS: 115 N 23rd St
La Crosse

PHONE: 608-729-7766

REPRESENTING: Lake Co Library

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
☐ Register in opposition.

COMMENTS: I work at the library; have seen
first hand the wonderful spirit of
community that exists on French Island.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: JOSEPH BISSEN

ADDRESS: 313 BISSEN PL

PHONE: 608-516-7117

REPRESENTING: MYSELF

Please check applicable statement(s):

☒ I wish to testify in favor.

☐ I wish to testify in opposition.

☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: _____

NAME: Darrell J. DeBorja

ADDRESS: 445 Central Rd.

Lt. Crane Wisc 54603

PHONE: 608 783 1153

REPRESENTING: FALMAY

Please check applicable statement(s):

- () I wish to testify in favor.
- () I wish to testify in opposition.
- (☒) I wish to testify for informational purposes only.

I don't wish to testify but want to:

- (☒) Register in favor.
- () Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: ¹² ~~12~~ 3.25

NAME: Tulie Rockwell

ADDRESS: 801 Kime Street
In Cross 54603

PHONE: 608 780-5789

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
() Register in opposition.

COMMENTS: Had a first hand experience
Monday with our first responders
and police. They are great



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.2025

NAME: Paul Urbanek

ADDRESS: 1417 LaCrescent ST
Lacrosse

PHONE: 608 769-3762

REPRESENTING: our selves

Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Julie Martkalev

ADDRESS: 2532 Baumgartner Dr
La Crosse WI 54603

PHONE: 608-385-3777

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Marilyn Richmond

ADDRESS: 1731 Bainbridge St
La Crosse, WI 54603

PHONE: 608-782-0386

REPRESENTING: Resident

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 3 DEC 2025

NAME: BILL RICHMOND

ADDRESS: 1731 BAINBRIDGE

LA CROSSE WI 54603

PHONE: 608-304-7791

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Betty Van Loon

ADDRESS: 506 Olivet Street
La Crosse, WI 54603

PHONE: 608-783-7902

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
☐ Register in opposition.

COMMENTS: Please allow us to incorporate!!
Thank You!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Krista Enghardt

ADDRESS: 2929 Bayshore Dr. N.

La Crosse, WI 54603

PHONE: 608-385-0577

REPRESENTING: My Family

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: I moved to French Island 5 years ago after living
in Dulaska for almost 20 years. I've never experienced such
friendly people and neighbors as I have living here. The Town
Board members have even become personal friends of ours.
The Town of Campbell has a right to protect its borders from
being annexed by a city (La Crosse) that can't even
manage their own problems! We do not want our taxes raised
for less services by La Crosse! Please approve our application!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-03-2025

NAME: Betty Thiele

ADDRESS: 2533 1ST AVE E

PHONE: 608-783-0165

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Richard Thiele

ADDRESS: 2533 1st Ave E

PHONE: 608 386 6271

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec. 3

NAME: Sherry Swanson Wolfert

ADDRESS: 904 Susan Pl

PHONE: _____

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Fran + Mike Krakuska

ADDRESS: 2914 N. Bayshore Dr.
La Crosse, WI

PHONE: 608-783-1455

REPRESENTING: Residents of French Island

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: We have lived here since
1967. We are true French
Islanders who have raised our
children and participated in French
Island activities. We wish to be
a village.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Carol J Klimel

ADDRESS: 2906 Pierce Ave
La Crosse, WI 54603

PHONE: 608-783-5737

REPRESENTING: _____

Please check applicable statement(s):

- () I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

() Register in opposition.

COMMENTS: We would like to be a village!!!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/2025

NAME: MATT SPEARS

ADDRESS: 2503 3rd Ave West

Le Crosse WI 54603

PHONE: (608) 780-1904

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Pauline Austin-Athnas

ADDRESS: 522 Plainview Rd

LaCrosse, WI 54603

PHONE: 608-498-6209

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Larry Derr

ADDRESS: 2725 Grand St
LaCrosse

PHONE: _____

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: SUZANNE BLACK

ADDRESS: 2729 GRAND AVE
LAX

PHONE: 608-769-6159

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Connie Derr

ADDRESS: 2725 Grand Ave
La Crosse, WI 54603

PHONE: 319-464-4856

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.25

NAME: Steven & Jennifer Collins

ADDRESS: 2512 3rd Ave W

PHONE: 608-764-6839 & 608-385-7262

REPRESENTING: French Island

Please check applicable statement(s):

- ☐ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.03.25

NAME: DYANNE BRUDOS & ROGER THORNTON

ADDRESS: 2529 Baumgardner Dr.
LAX WI

PHONE: 612.599.6464

REPRESENTING: Self & spouse

Please check applicable statement(s):

- () I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
() Register in opposition.

COMMENTS:

Please accept the Town of Campbell Petition for
incorporation. We have been operating the same
as a town for many years successfully.
We do not want to live in the city of La Crosse. We
lived there our whole life prior to last 20 years.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Brian Larkner LA

ADDRESS: 908 Lincoln St

PHONE: 715-493-4560

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 3, 2025

NAME: Jon Symicek

ADDRESS: 2625 Hibbard Ct

La Crosse, WI 54603

PHONE: 608 - 304 - 5320

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: in favor of becoming a village



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 3, 2025

NAME: Tammy Schmitz

ADDRESS: 2625 Hubbard Ct

La Crosse, WI 54603

PHONE: 608-799-7774

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: in favor of becoming
a village

petition



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/13/25

NAME: DERK SWANSON

ADDRESS: 1930 NAKOMIS AVE

PHONE: 608-385-5567

REPRESENTING: CAMPBELL

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: The foundation of this country is
the ability/right to choose. Let us choose!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: James Hulke

ADDRESS: 814 Kelly Pl
Lafayette, WI 54602

PHONE: 608 473 5413 1

REPRESENTING: myself

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: Afraid if we get annexed to Lafayette
a lot of old residents will get taxed
out of their homes



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Rodney T. Rockwell

ADDRESS: 801 Kime Street

PHONE: 608-304-7782

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Michael Richmond

ADDRESS: 519 Plainview Rd

PHONE: 608-386-7237

REPRESENTING: Myself & wife Rita

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/26

NAME: SHAWN WERNER

ADDRESS: 3337 HANSON CT
LA CROSSE, WI 54603

PHONE: 608 783-1857

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/12

NAME: Don Brenengren

ADDRESS: 3151 Edwards Dr
Lux (French Island)

PHONE: 608 316 0505

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
☐ Register in opposition.

COMMENTS: This is a Strong Community
73 Residents of Lux County
By Residents of French Island



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Lee Weiss

ADDRESS: 100 Church Dr.

PHONE: 608-780-0557

REPRESENTING: Myself - Resident of Campbell

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec. 3, 2025

NAME: Luanne Sorenson

ADDRESS: 813 Spillway Dr.
La Crosse, WI 54603

PHONE: 608-797-9347

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Cindy Wiernie

ADDRESS: 1712 La Fond Ave

PHONE: 920-253-9281

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Peter Winnie

ADDRESS: 1712 Cozand Ave

PHONE: 920 988 8412

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.5.25

NAME: Danish Cratero

ADDRESS: 1340 Archine st

PHONE: 608 386 3280

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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doa.wi.gov/municipalboundaryreview

INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Carrie Mahlum

ADDRESS: 433 Central Rd
LaCrosse, WI 54603

PHONE: 608-406-0461

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Joseph WEPER.

ADDRESS: 2029 Lakeshore Dr.

LA-CROSS W. 54803

PHONE: 608-571-9411

REPRESENTING: Job. Weber (Clerk)

& Anne Weber (Spouse)

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: MIKE BITTNER - SANDRA BITTNER

ADDRESS: 2624 BATVIEW CT.

LA CROSSE, WI 54603

PHONE: 608 386-4402

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Jeana Peters

ADDRESS: 433 Central Rd.
French Island, WI

PHONE: 608-317-2727

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: I have lived on French Island for the
first twenty years of my life. I moved back
two more times and will not move again. I
lived in the city of La Crosse twice, still own
property there and I do not want to be part
of the city as a French Island resident.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 3rd 2025

NAME: David Berget

ADDRESS: 2607 Lakeshore Dr

PHONE: 608-790-2199

REPRESENTING: My self

Please check applicable statement(s):

No

☒ I wish to testify in favor.

☐ I wish to testify in opposition.

☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/2025

NAME: TOM NEPMISTER

ADDRESS: 3033 FIDELITY LN

PHONE: 608-304-8999

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: Vote Yes for us Please!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Patricia Becker

ADDRESS: 2805 Bayshore Wines
La Crosse, WI 54603

PHONE: 608 783 6565

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-03-2025

NAME: DONALD SEUFZER

ADDRESS: 2405 CENTRAL RD

LACROSSE WI

PHONE: 608 781 3209

REPRESENTING: SELF

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: LACROSSE WATER DOES NOT TASTE VERY

GOOD.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Timothy Lisick JR.

ADDRESS: 1635 Caroline ST.

PHONE: 608-780-2975

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: We choose to live here
Because it is NOT in the city of Lacrosse
Please Help us keep it this way
Thank you!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Tanet Gilbertson

ADDRESS: 1908 Lombard St
La Crosse, WI

PHONE: 608-781-4830

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/8/25

NAME: Constance Welch

ADDRESS: 2717 Bayshore Dr.

PHONE: 608 772 3284

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Donald Welch

ADDRESS: 2717 Baysshore Dr

PHONE: 608 332 3284

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 3, 2025

NAME: Sandy & Todd Graves

ADDRESS: 515 Plainview Rd.
La Crosse WI 54603

PHONE: 608-797-1173

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: We fully support incorporation!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Jackie Kakuska

ADDRESS: 3065 Edgewater Lane

PHONE: 608-386-6061

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: J & A Lieske

ADDRESS: 810 Lakeview Dr
54603

PHONE: 608-386-4486

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Jessica McGough

ADDRESS: 2618 Thomas st

LaCrosse WI 54603

PHONE: 608 781-0824

REPRESENTING: self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____

I am a generational French Island resident
who opposes City of LaCrosse. We have for generations provided
for our residents and pay LaCrosse for any additional services
and would continue as a village. our kids need a
seamless planable future as a village.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Mike Solberg

ADDRESS: 2607 Baumgartner Dr
La Crosse, WI

PHONE: 608-769-6981

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2015

NAME: Joan Solberg

ADDRESS: 2607 Baumgartner dr.
La Crosse, WI 54603

PHONE: 608-769-1605

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12 03 2025

NAME: JULIE A KLEIN

ADDRESS: 1921 NAKOMIS AVE
LACROSSE WI 54603

PHONE: 608 782-3597

REPRESENTING: TOWN OF CAMPBELL

Please check applicable statement(s):

- ☐ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

*SNOW FLOWING IS SPLIT - CAMPBELL'S
SEGMENT IS PROMPT LACROSSE IS NEXT DAY
OR THEY JUST SAND. CAMPBELL IS A SAFE ENTITY*

COMMENTS: I HAVE RESIDED IN TOWN CAMPBELL SINCE 1986

I HAVE HAD NOTHING BUT IMMEDIATE RESPONSE AND

SERVICE WITH OUR SERVICES. AMONGST NO CRIME, NO

ASSAULTS, NO BREAKINS. WE HAVE ALWAYS MOVED FORWARD

ON ANY IMPROVEMENTS THAT HAVE OCCURRED. OUR LIBRARY

IS SAFE + NOT IN FEAR OF CLOSING. N BRANCH LAX IS SET TO
BE FULL OF HOMELESS SLEEPING, EATING, LIVING IN HOUSES
THEY SIMPLY



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Evan Miller

ADDRESS: 1415 Bainbridge Street
La Crosse, WI 54603

PHONE: 608 519 6888

REPRESENTING: Town of Campbell/French Island

Please check applicable statement(s):

☒ I wish to testify in favor. *Please disregard, Thank You!*

☐ I wish to testify in opposition.

☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Robin and Cynthia Miller

ADDRESS: 1707 Caroline St
La Crosse

PHONE: (608) 792-7306

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: We are excited to be our own town!!
We are business owners and also own 6 properties
in the town of Campbell.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/28

NAME: Jana & Mike Wuenisch

ADDRESS: 3019 Youngdale Ave
La Crosse, WI 54603

PHONE: 608-792-8837

REPRESENTING: self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: we have both born and raised
here on the Island and have been active
in many areas of our Island. Mike has been
a vol. firefighter for 28+ years. Jana has
also served as election chief for elections since 2001.
we have raised our children here and love our Island.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Marlene Johnson

ADDRESS: 1523 Bainbridge

PHONE: 608 790-8009

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: I don't want to be part of LaCrosse



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: John Schleifer

ADDRESS: 3050 Youngdale Ave,

PHONE: 608-317-6950

REPRESENTING: Home owner

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Alice Schleifer

ADDRESS: 3050 Wellingdale Ave

PHONE: 608-317-6940

REPRESENTING: Home owner

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Tracy Riek

ADDRESS: 901 Spillway dr.

Ladysse Wis 54603

PHONE: 608-790-1551

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Jon Riek

ADDRESS: 901 Spillway Dr

PHONE: 608-498-1177

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: Town of Campbell has everything
needed to function with emergency
services. We have access to many things
most places do not.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: _____

NAME: Linda Schmitt

ADDRESS: 523 Sanborn St

PHONE: 608-783-3069

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Ryan Kellicott

ADDRESS: 502 Olive St. Lacrosse, WI 54603

PHONE: 608-498-3225

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/13/25

NAME: Lori Kellert

ADDRESS: 502 Olive St.

PHONE: 608-385-9941

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 3rd 2025

NAME: Gregory L. Parkes

ADDRESS: 1803 Bainbridge St.

LeCrosse WI 54603

PHONE: 608-317-8133

REPRESENTING: For Incorporation

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

- () Register in favor.
() Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Dianna L. Parkes

ADDRESS: 1803 Bainbridge St.
LaCrosse, Wisc. 54603

PHONE: 608-304-6140

REPRESENTING: Incorporation of French Island

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() I wish to testify in opposition.
() I wish to testify for informational purposes only.

I don't wish to testify but want to:

- () Register in favor.
() Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/2025

NAME: Mitchell Lown

ADDRESS: 3057 Edgewater Lane
LaCrosse, WI 54603

PHONE: 608 769 4635

REPRESENTING: Edgewater Family Trust

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Alex Fuchsterner

ADDRESS: 2535 Baumgartner Dr
LaCrosse, WI 54603

PHONE: 608-385-5257

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: I hope the board will approve the village
petition to incorporate.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/2/15

NAME: Christy Fuchsteiner

ADDRESS: 2535 Baumgartner Dr.
La Crosse, WI 54603

PHONE: 608 738 5494

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Arlene Melby

ADDRESS: 813 Keady Pl.

Lafayette, WI 54603

PHONE: 608-317-1376

REPRESENTING: Myself & Family

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 3 Nov 25

NAME: Gloria L Whitewater

ADDRESS: 2521 Western Ave

PHONE: 608-799-2701

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: Let's keep our Island our own.
I do not want to be part of LaCrosse



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-03-2025

NAME: Carol Maier

ADDRESS: 1823 La Jolla Ave

Racine, WI 54603

PHONE: 608-782-2777

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 3 2025

NAME: Sandra Pedersen

ADDRESS: 1805 Jenkins Lane
A Cross, WI 54603

PHONE: 608-782-5694 or cell 608-790-1293

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Christine Wilkom

ADDRESS: 1811 Nakomis Ave

La Crosse, WI 54603

PHONE: 608-784-3738

REPRESENTING: Town of Campbell Resident

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.25

NAME: Mary Samuelson

ADDRESS: 1811 Nakomis Ave

La Crosse, WI 54603

PHONE: 608-784-3738

REPRESENTING: Town of Campbell resident

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Barbara Inez Ball

ADDRESS: 104 Modderat Pl
French Island

PHONE: 608 385-4840

REPRESENTING: _____

20/1
Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: I disagree with all that the representative said.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 3 Dec 2025

NAME: Don Lokken

ADDRESS: 3021 Lakeside Dr. La Crosse WI French Island

PHONE: _____

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.03.2025

NAME: Betty Bakken

ADDRESS: 2821 Lakeshore Dr.

La Crosse WI

PHONE: 608-615-1788

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/2025

NAME: Brian A. Hanson

ADDRESS: 1021 LaCrescent St.

Lacross WI 54603

PHONE: 608-782-3092

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: I strongly would like
town of Campbell to become an incorporated
village. Thank you



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Jane Hanson

ADDRESS: 1621 LaCrescent St
LaCrosse, WI 54603

PHONE: (608) 782-3092

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Mike Horstman

ADDRESS: 910 Susan Place
LaCrosse WI 54603

PHONE: 608-386-4593

REPRESENTING: N/A

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: DEC. 3, 2025

NAME: CRAIG + KATIE WALTERS

ADDRESS: 809 KELLY PL. LAX 54603

PHONE: (608) 769-0577

REPRESENTING: SELF

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/23

NAME: Janet Steele

ADDRESS: 1718 Bainbridge St
French Island Salosse, WI

PHONE: 608-317-6447

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: John Derek Boen + David Boen

ADDRESS: 239 Elm
La Crosse WI 54603

PHONE: 608-797-0553

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: RICHARD LUTER

ADDRESS: 3511 LAKESHORE DR
LA CROSSE, WI 54603

PHONE: 608-781-1975

REPRESENTING: HOME OWNER

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Rock Corbett

ADDRESS: 3577 Lakeshore Dr

PHONE: 608 317 5617

REPRESENTING: Home Owner

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.25

NAME: KENNETH CHRISTIE

ADDRESS: 2737 DEL RAY AVE

PHONE: (608) 781-0275

REPRESENTING: SELF

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2008

NAME: Michael Stolpa

ADDRESS: 1713 Lakeshore Dr.

La Crosse, WI 54603

PHONE: 608-769-8918

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/2025

NAME: Quah Larson

ADDRESS: 1114 Bainbridge St.

PHONE: (608) 304-6529

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-95

NAME: Michael Cavers

ADDRESS: 223 Olivet Street
La Crosse, WI, 54603 (Campbell)

PHONE: _____

REPRESENTING: Myself

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: La Crosse has been trying
to poach Campbell land for over 40 years
It's time to put a stop to it.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-20

NAME: Andrew Garbe

ADDRESS: 1918 Sharon St.

La Crosse, WI 54603

PHONE: 608-339-1074

REPRESENTING: Campbell Fire Department and Community

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 3 Dec '25

NAME: Lonnie Simmon

ADDRESS: 2601 Baumgartner DR
La Crosse WI 54603

PHONE: 608 386 8551

REPRESENTING: myself

Please check applicable statement(s):

- ☐ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/2025

NAME: Mike + Tina Brettingen

ADDRESS: 305 Church Dr.
La Crosse, WI. 54603

PHONE: 608-780-6958

REPRESENTING: Mike + Tina

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Terry J. Digmann

ADDRESS: 1610 Bainbridge St #12
La Crosse

PHONE: 319-821-1071

REPRESENTING: myself

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: JEFF KING

ADDRESS: 1209 LA CRESCENT ST
LA CROSSE WI

PHONE: 608 792 2116

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
☐ I wish to testify in opposition.
☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Alan Simensen

ADDRESS: 128 Locust St

PHONE: 608 519-5747

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec. 3, 2025

NAME: Sheila Bissen

ADDRESS: 313 Bissen Pl.
K/A

PHONE: 608-219-1303

REPRESENTING: myself

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Cody Croteau

ADDRESS: 1414 Caroline St

PHONE: 608 797 9985

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 03 DEC 25

NAME: Melissa Wifke

ADDRESS: 903 Spillway DR

PHONE: 608 792 7019

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 03 Dec 25

NAME: Ryan Wilke

ADDRESS: 903 Spillway Dr

PHONE: 608 792 7011

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/26

NAME: Kathryn J Weitekamp

ADDRESS: 2603 Thomas St

Wax, WI 54603

PHONE: 608-792-1287

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: R Neal McGough Jr

ADDRESS: 2618 Thomas St

PHONE: 608-792-3380

REPRESENTING: Campbell Fire Department

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Barbara Pulfrey

ADDRESS: 3123 Howry Ave
La Crosse, WI 54603

PHONE: 608-780-7972

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: CHARLEY PULFREY

ADDRESS: 3123 HOWRY AVE

LACROSSE WI 54603

PHONE: 608-780-7139

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/2025

NAME: Dennis Sorenson

ADDRESS: 813 Spillway Dr
La Crosse, WI 54603

PHONE: 608-780-9397

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: MARION OLSON

ADDRESS: 2716 Grand AVE

LA CROSSE, WI 54603

PHONE: 608-781-4107

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
- ☒ Register in opposition.

COMMENTS: Don't want high taxes

Don't want side walks

Why should we have to pay for

LA CROSSE, screwing up our water &
poisoning it.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Robert Ambort

ADDRESS: 713 Spillway Dr

PHONE: 608-519-6562

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: Desire to have control
over our community. Clean water
pain by those who polluted ARE
Wells.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Cathy Witzke

ADDRESS: 2521 2ND AVE E

LA CROSSE WI 54603

PHONE: 608-799-6835

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: I want to incorporate to keep

us as a community



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Kathryn Moem

ADDRESS: 9603 Baumgartner Dr
Lax 54683

PHONE: 608-498-9786

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/2025

NAME: Brad & Lori Friske

ADDRESS: 2621 Hibbard Ct

La Crosse WI 54603

PHONE: L 608-792-6277 B 608-792-3537

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: I hope the review board rules
in favor of the Town of Campbell, we do
not want to be part of the City of LaCrosse.
Our town government is excellent.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: David Wardwell Sr

ADDRESS: 2550 1st Ave West

La Crosse WI 54603

PHONE: 608-790-2148

REPRESENTING: myself

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____

**INCORPORATION HEARING
REGISTRATION SLIP**

PUBLIC HEARING

DATE: 12/3/24

NAME: Kimberly Galles

ADDRESS: 2613 Hibbard Ct
La Crosse WI 54603

PHONE: 608-397-4839

REPRESENTING: myself / for my family

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/03/2025

NAME: Marlene M. Hendrickson

ADDRESS: 514 Sanborn St
La Crosse WI 54603

PHONE: 608-783-4923

REPRESENTING: myself as a homeowner

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____

**INCORPORATION HEARING
REGISTRATION SLIP**

PUBLIC HEARING

DATE: 12-3-25

NAME: Danny L. Hendrickson

ADDRESS: 514 Sanborn St.

La Crosse WI.

PHONE: (608) 799-9982

REPRESENTING: My self as a Homeowner

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Robert & JoAnn Trassoni

ADDRESS: 1931 NAKOMIS AVE

PHONE: 608-790-5242

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

(I) don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: I feel that my property taxes would raise

if we do not become a village moved to French Island

in order to avoid living in the City of Le Grasse

Thank you



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: DAVID MARTENS

ADDRESS: 407 OLIVET ST. LACROSSE, WI 54603

PHONE: 612-730-5894

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Megan Stratman

ADDRESS: 3309 Lakeshore Dr

Lafayette, WI 54603

PHONE: 608-317-2994

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 11/3/2025

NAME: CATHERINE L. ROBERTS-GRAVES

ADDRESS: 2918 N. BAYSIDE DR.

LACROSSE, WI 54603

PHONE: 608 783-5138

REPRESENTING: RESIDENT

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: December 3, 2025

NAME: KENNETH D. GRAVES

ADDRESS: 2918 BAYSHORE DRIVE NORTH

LA CROSSE WI 54603

PHONE: 608-783-5138

REPRESENTING: RESIDENT

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Michelle Noe/Ke

ADDRESS: 1911 Nakomis Ave
LaCross, WI 54603

PHONE: 608-317-3778

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Beth Price Regan

ADDRESS: 1905 Nakomis Ave
LeCrosse, WI 54603

PHONE: 563-880-8677

REPRESENTING: self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: Our well is failing on Nakomis;
we look forward to a new water main!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-24

NAME: Lois Caulum

ADDRESS: 819 Miller Pl.
La Crosse, WI

PHONE: _____

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: David Eggum

ADDRESS: 2923 Youngdale Ave

PHONE: 608-790-8925

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☐ Register in favor.
- ☐ Register in opposition.

COMMENTS: I am all for it



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Jodi Koseno

ADDRESS: 2726 Del Ray Ave

La Crosse, WI 54603

PHONE: 608-304-3134

REPRESENTING: CFD + community

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Carrie Ebner

ADDRESS: 2517 Island Pk Rd

LaCrosse, WI 54603

PHONE: 608-792-0565

REPRESENTING: CRR & Community

Please check applicable statement(s):

- () I wish to testify in favor.
- () I wish to testify in opposition.
- () I wish to testify for informational purposes only.

I don't wish to testify but want to:

- () Register in favor.
- () Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Tracey Taylor

ADDRESS: 527 Jackie Ln.
LaCrosse

PHONE: 608 304 4909

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Tom Hardie

ADDRESS: 2526 Western Ave
La Crosse

PHONE: 608-792-4379

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec. 3rd 2025

NAME: Teri Williams

ADDRESS: 2530 Blairbridge St.
La Crosse, WI 54603

PHONE: 608-780-3126

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor. of incorporation
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: DON WILLIAMS

ADDRESS: 2520 BAINBRIDGE ST.

PHONE: 608 860-7953

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Matthew Van Loon

ADDRESS: 506 Olivet St.
La Crosse, WI 54603

PHONE: 608-792-0373

REPRESENTING: For Incorporation

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-2025

NAME: Joann Bear-Warzer - & Don Warzer

ADDRESS: 3918 Youngdale Ave
La Crosse, WI

PHONE: 608-780-5184 608-780-6866

REPRESENTING: Town of Campbell

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor. ✓ for Don
- ☐ Register in opposition.

COMMENTS: Campbell has all services needed
to incorporate as a village. Our police,
fire fighters and first responders are
top notch!



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec. 3, 2025

NAME: MARY Patridge

ADDRESS: 1620 Bainbridge St
LA Crosse, WI 54603

PHONE: 608-782-8209

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 3, 2025

NAME: RICHARD PATRIDGE

ADDRESS: 1620 BAINBRIDGE ST
LA CROSSE, WI 54602

PHONE: 608-782-8209

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: ANGELA SHIMSHAK

ADDRESS: 3144 Howry St

LA Crosse WI 54603

PHONE: 608-797-0661

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING.

DATE: 12-3-25

NAME: Aaron Jensen

ADDRESS: 810 Callaway CT

PHONE: 8048884205

REPRESENTING: CEO

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Ken Peterson

ADDRESS: 2511 S. 13th Pl
LA Crosse WI 54601

PHONE: 608 519 5335

REPRESENTING: J.F. Brennan Co

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____



INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Cynthia & Gary Wittenberg

ADDRESS: 2515 1st Ave W

LaCrosse, WI 54603

PHONE: 608-317-6389

REPRESENTING: Gary & Cindy, Katy & Emma Wittenberg
Town of Campbell residents

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: This a fabulous community, the
Town of Campbell. A great place to live
and raise children. We are very happy
here and have no desire to be in the
City of LaCrosse. I can see no advantages
for us in being city residents.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Kelley Prise

ADDRESS: 2890 Bayshore Drive
La Crosse, WI 54603

PHONE: 608-799-2979

REPRESENTING: Town of Campbell (French Island)

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____

INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Geoff O'Donnell

ADDRESS: 818 Lakeview Dr,
La Crosse, WI 54603

PHONE: 608-519-1451

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12.3.25

NAME: Rachel O'Donnell

ADDRESS: 818 Lakeview Drive
La Crosse, WI 54603

PHONE: 608-519-1451

REPRESENTING: self -

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-26

NAME: CHAD NIEGELSON

ADDRESS: 1646 BATHBLIDGE ST

PHONE: 608-792-9463

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

☒ Register in favor.

☐ Register in opposition.

COMMENTS: _____

**INCORPORATION HEARING
REGISTRATION SLIP****PUBLIC HEARING**DATE: 12-3-25NAME: Annie MohrADDRESS: 3317 Lakeshore Dr.
La Crosse, WI 54603PHONE: 808-397-5215REPRESENTING: Annie Mohr
Scott Mohr (Husband)

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Kermit & Jody King

ADDRESS: 1833 Aiken Rd

PHONE: 608-769-5091 608-785-1897

REPRESENTING: _____

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____

INCORPORATION HEARING
REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/3/25

NAME: Judith A Cobb

ADDRESS: 2723 Marion St
LaCrosse WI 54603

PHONE: (608) 783-2042

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: It's inconsistent for the city of La Crosse
to be responsible for our PFAS problem and to not have
any plan to fix it EXCEPT to annex us, raise our taxes
and use some funds to embellish what we've already
accomplished.



INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-3-25

NAME: Jeff Gilbertson

ADDRESS: 1908 Lombard Court

Laurens, WI 54603

PHONE: 608-781-9830

REPRESENTING: Self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
- ☐ I wish to testify for informational purposes only.

I don't wish to testify but want to:

- ☒ Register in favor.
- ☐ Register in opposition.

COMMENTS: _____
