



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: 12.17.25

NAME: Dori Pulse

ADDRESS: 5905 Crocus Ln.

PHONE: 360-430-1444

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 need to leave by 5:15 please.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/2025

NAME: Jim HAGER

ADDRESS: 12830 SUNRISE DR

PHONE: 715 559 0901

REPRESENTING: WRR, NORTHWEST ENTERPRISES

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: 12/17/2025

NAME: Jennifer Shaddock

ADDRESS: 5396 Sindelar Dr.

PHONE: 715-855-0335

REPRESENTING: _____

Please check applicable statement(s):

- ☒ I wish to testify in favor. *want to do so early, if possible. 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: 12/17/2025

NAME: Mike Mattson

ADDRESS: 3120 DAVIS Drive
Earlville WI 54701

PHONE: 715 8325066

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.
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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/7/25

NAME: BRIAN WOOD

ADDRESS: 5896 CROCUS LN

EAU CLAIRE, WI 54701

PHONE: 715-579-2726

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: 12/17/25

NAME: Don Hanning

ADDRESS: 4900 Shepler Rd.

PHONE: 715-559-3638

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

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DATE: 12/17/25

NAME: Joshua Miller

ADDRESS: 1818 Emery St

Eau Claire WI 54701

PHONE: 715-523-1915

REPRESENTING: Member, Eau Claire City Council
for public comment

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: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/25

NAME: Robert Hooper

ADDRESS: 5450 Chokocherry Rd

Eau Claire, WI 54701

PHONE: 715 864-5550

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: 12/17/25

NAME: William Glass

ADDRESS: 6056 Inwood Dr
EC (TOW) WI 54701

PHONE: 715-456-2486

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: YES! To becoming a Village



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/25

NAME: Dr. Lucretia Wikm Mattson CPA

ADDRESS: 3570 Cypress St.
EC. WI 54701

PHONE: Home 715-832-2259 Cell 715 495-9375

REPRESENTING: my husband, John & 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: 12/17

NAME: Avi Fuchs

ADDRESS: 6420 White Tail Dr

PHONE: 5127749278

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'd like to speak



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DATE: 12-17-25

NAME: Brian Nodolf

ADDRESS: 526 Water St

Eau Claire WI 54603

PHONE: 715-~~21~~ 830-9771

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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PUBLIC HEARING

DATE: 12-17-25

NAME: JERRE Zimmerman

ADDRESS: 5619 WSH 53

BAU CAIRE, WI

PHONE: 715-559-0553

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:

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DATE: 12/17/25

NAME: David Jetzek

ADDRESS: 2326 Trillium Dr

PHONE: 715 828 2451

REPRESENTING: _____

Please check applicable statement(s):

- ☒ I wish to testify in favor.
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DATE: 12/17/25

NAME: Jane Mueller

ADDRESS: 7525 Mueller Rd.

PHONE: 715-828-5018

REPRESENTING: T.O.W., Bd

Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ I wish to testify in opposition.
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DATE: 12/17/25

NAME: Michelle Ziemer

ADDRESS: 5440 Deerfield Rd.
Eau Claire, WI 54701

PHONE: 715-579-4987

REPRESENTING: Self

Please check applicable statement(s):

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

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DATE: 12/17/25

NAME: Tammy A Jackson

ADDRESS: 4502 Ridgedale Rd
EAU Claire, WI 54701

PHONE: 715-563-5144

REPRESENTING: Resident Town of Washington

Please check applicable statement(s):

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

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DATE: 12/17/25

NAME: Mike Rind

ADDRESS: 5920 Crows Ln
Eau Claire, WI 54601

PHONE: 75 835 9574

REPRESENTING: Myself

Please check applicable statement(s):

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

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COMMENTS: _____



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PUBLIC HEARING

DATE: 12-17-25

NAME: JOHN ANDERSEN

ADDRESS: 11618 70TH AVE

PHONE: 765-723-3085

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:

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COMMENTS: _____



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PUBLIC HEARING

DATE: 12-17-25

NAME: Jennifer Meyer

ADDRESS: 6618 Mueller Rd

Fall Creek WI 54742

PHONE: 715 828 5152

REPRESENTING: Town of Pleasant Valley

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: 12/16/25

NAME: JOHN RUESEN

ADDRESS: 6960 WALNUT RD
E.C. 54701

PHONE: _____

REPRESENTING: _____

Please check applicable statement(s):

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

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COMMENTS: GLAD TO HAVE THIS OPPORTUNITY



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DATE: 12-17-2025

NAME: Sue Van de Loo

ADDRESS: 3805 Patton St.

PHONE: 715-833-1578

REPRESENTING: Self

Please check applicable statement(s):

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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/15

NAME: DEBBY G. HITE

ADDRESS: 673/ LOWES GREEN CT
TRA CLAIR WI 53701

PHONE: (715) 379-0699

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:

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COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: Deborah J Schultz

ADDRESS: 3606 Tamarack Ln
San Clavie WI 54701

PHONE: 612 812 2729

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:

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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: James Schultz

ADDRESS: 3606 Tamarack Ln
East Elmhurst, WI 54707

PHONE: 715-537-6876

REPRESENTING: _____

Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ 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: 12/17/25

NAME: Dan Baumann

ADDRESS: 4014 Talmadge Rd, EC

PHONE: 715 491 0521

REPRESENTING: Self

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ 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: 12/17/25

NAME: Dylan Ring

ADDRESS: 4971 Sheeder Rd

Eu Claire, WI 54701

PHONE: 715-579-4728

REPRESENTING: _____

Please check applicable statement(s):

- ☒ I wish to testify in favor.
() 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: 12.17.25

NAME: Warren Petryk

ADDRESS: 239 Corydon Rd

PHONE: 715 839 7798

REPRESENTING: self and 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: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: Tina Ball

ADDRESS: 5999 Carter Rd

Eau Claire, WI 54701

PHONE: 715 / 577-0003

REPRESENTING: I'm a Town resident

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ 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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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/25

NAME: Brian Binczak

ADDRESS: 1815 Susan Dr.
East Clermont WI 54201

PHONE: 715 559-6061

REPRESENTING: Town of Washington

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ 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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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/2025

NAME: Peogy Kincaid

ADDRESS: 4579 Meadowbrook Ct

PHONE: 715-833-1543

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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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/25

NAME: Kathryn White

ADDRESS: 6731 Lowes Creek Ct

PHONE: 715-864-1444

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:

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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: Jennifer Mayer

ADDRESS: 1402 Bluebird Ln. Elk Mound, WI 54737

PHONE: 715 456 5903

REPRESENTING: Towns

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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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-2025

NAME: Jessica Pense

ADDRESS: 6999 Pense Rd.

Eau Claire WI 54701

PHONE: 715-456-7460

REPRESENTING: _____

Please check applicable statement(s):

- ☒ I wish to testify in favor.
- ☐ 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: 12/17/25

NAME: Kent Walbeck

ADDRESS: 6014 Talmadge Rd.

Ea Claire, WI 54701

PHONE: 715-833-8420

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:

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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 10/17/05

NAME: GARY SPILDE

ADDRESS: 4918 117th ST
LAKE HAVILL

PHONE: 715 944 9238

REPRESENTING: VILLAGE LAKE HAVILL

Please check applicable statement(s):

- ☒ I wish to testify in favor.
☐ 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: 12-17-2025

NAME: Karla Amann

ADDRESS: 6860 Timber Ridge Circle

Ecue Claire WI

PHONE: 715 559 8889

REPRESENTING: self

Please check applicable statement(s):

- ☐ I wish to testify in favor.
- ☐ I wish to testify in opposition.
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INCORPORATION HEARING REGISTRATION SLIP

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DATE: 12-17-25

NAME: Ann Steinbrecher

ADDRESS: 2327 Trillium Dr.

Eau Claire

PHONE: 715-505-6573

REPRESENTING: Town of Washington

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: 12/17/2025

NAME: Bradley Grewe

ADDRESS: 1264 W. Deerfield Road
Eau Claire, WI 54701

PHONE: 715-579-2127

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: 12-17-2025

NAME: Marc Hugel

ADDRESS: 1129 Rametta Dr

Eschelon town of Washington

PHONE: 715-577-1499

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: 12-16-25 12-17-25

NAME: Gray Popp

ADDRESS: 6260 Hillside Park Dr

54701

PHONE: 715-215-1275

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: 12-17-2025

NAME: Keith Stearns

ADDRESS: 5935 Wild Rose Lane

PHONE: 715-533-1569

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: "It takes a village"

Elkany Clinton



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-2025

NAME: Daniel Steinbrecher

ADDRESS: 2327 Trillium Dr.

Eau Claire

PHONE: 651-270-4106

REPRESENTING: Town of Wlashington

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: 12/17/25

NAME: Wynter Stearns

ADDRESS: 5935 Wild Rose Ln.
Eau Claire, WI 54701

PHONE: 715-797-4000

REPRESENTING: Town of Washington

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: 17 Dec 25

NAME: JAMES E. JONES

ADDRESS: 2090 SCHULTZ RD, FALL CREEK

PHONE: 703 8699104

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: 12/17/25

NAME: Juanita Kniefel

ADDRESS: 3427 McElroy Ct

Eau Claire Wi

PHONE: 715-533-3988

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

NAME: Renee Marie

ADDRESS: 1120 Brookcliffe Rd

Altoma WI 54722

PHONE: 715 568 4784

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-

NAME: Bobby P. Menz

ADDRESS: 1120 Briarcliffe Dr
Akron, WI 54720

PHONE: 715-568-4784

REPRESENTING: Same (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: 12/17/2025

NAME: Melissa Matjamaa

ADDRESS: 1270 W. Deerfield Rd
Eau Claire, WI 54701

PHONE: 715-579-2491

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: 12/17/2025

NAME: Jacqueline Myers

ADDRESS: 3517 ALP Ave

EC, 53701

PHONE: 715-835-4952

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: 12/17/25

NAME: TODD WELNITZ

ADDRESS: 3737 BRIAR WAY

PHONE: (970) 443-2962

REPRESENTING: Himself

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 live in Washington township because
of its rural character and natural beauty. If the
city of Eau Claire takes over, it will become a blighted
landscape of strip malls, urban sprawl and
ruined nature. Eau Claire wants to bully us, we do
not trust them. They will destroy the character
of this beautiful place and the fine community it contains



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/2025

NAME: Kim Wellnitz

ADDRESS: 3737 Briar Way
Eau Claire, WI 54701

PHONE: 970.443.2964

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 chose to live in the township due to its natural beauty,
fiscally responsible township mgmt, and community connections
provided by the residents of the township. The services provided by
the township is first rate & we have never had any problems.
The "what-if" scenarios/statistics offered by the City of Eau Claire
is just that, what-if's and scare tactics. The township is a
sanctuary for its residence. I beg you, please allow incorporation to



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-16-25

NAME: Tony Cerreto

ADDRESS: 7199 Walnut Rd

Fav Claire

PHONE: 715-859-5808

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: 12-17-2028

NAME: DANIEL SCHILLING

ADDRESS: 4150 TAMARA Dr. EAU CLAIRE WI
54701

PHONE: 715-579-7486

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~~ ☒ IN FAVOR OF

~~☐ Register in opposition~~

COMMENTS: NO TO ANEX



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-2025

NAME: Ann Leary

ADDRESS: 4424 Meadow Lane
Eau Claire, WI 54701

PHONE: 715.577.8666

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: 12/17/25

NAME: Thomas HARMON

ADDRESS: 3211 McELROY

PHONE: 715-835-0360

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: 12-17-2025

NAME: Reith Zehms

ADDRESS: 1134 Rathryn Drive
East Claire, WI 54701

PHONE: 715-456-9765

REPRESENTING: Myself

Please check applicable statement(s):

☒ I wish to testify in favor. of Incorporation

☐ 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: 12/17/25

NAME: Angie Bowe

ADDRESS: 7640 North Road

PHONE: 715-577-9050

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: 17 Dec 2025

NAME: John Vonasek

ADDRESS: 3511 Brian St, Eau Claire WI 54701

PHONE: 715-797-9748

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: 12/17/2025

NAME: Shawn Creviston

ADDRESS: 5026 Sheeder rd

Eau Claire, WI 54701

PHONE: 715, 577, 6633

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: 12/17/25

NAME: BRIAN AMUNDSON

ADDRESS: 231 HEATHER RD
EAU CLARE WI 54701

PHONE: 715-~~57~~ 577-0238

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: While it may be true that most annexations
are "willing", the vast majority of the land area
is annexed by developers who are "willing"
because of their financial gain (greed).



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/2025

NAME: Janet Amundson

ADDRESS: 231 Heather Rd

Eau Claire WI 54601

PHONE: 715-225-1702

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: 12-17-2025

NAME: James L. SauermaN

ADDRESS: 7049 Hillview Rd
E.C. 54701

PHONE: 715-829-9216

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: The specious rationalizations presented
by the city of Eau Claire are too numerous to
address in 3 minutes. I don't accept their
definitions of a municipality/village.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/2025

NAME: Robert Klimpke

ADDRESS: 3432 Lament Street

PHONE: 715-514-4631

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: 12/17/2025

NAME: Norma Klimpke

ADDRESS: 3438 LaMont St

Eau Claire, WI 54601

PHONE: 715-514-4631

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: 12/17/2025

NAME: Gary Hayden

ADDRESS: 3804 W. Lower Creek Rd
Franklin, WI, 54701

PHONE: 715-450-3794

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: 12-17-25

NAME: Judith Hayden

ADDRESS: 5804 W Lowes Creek Rd
E/C 54701

PHONE: 715-839-8758

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. 17 2025

NAME: Todd Pickett

ADDRESS: 5238 S Lowes Creek Rd
Eau Claire, WI 54601

PHONE: 715.495.2864

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: 12/17/25

NAME: Matthew Chromey

ADDRESS: 3204 Permoner Dr
EC 54701

PHONE: 715 379-2310

REPRESENTING: Town of Watlington

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: 12/17/23

NAME: GREG PAWLAK

ADDRESS: 3622 PINE PL

EAU CLAIRE, WI 54701

PHONE: 835-1711

REPRESENTING: GREG & STACEY PAWLAK

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: 12-17-25

NAME: Karen Thompson

ADDRESS: 3630 Pine Place, EC 01

PHONE: 608-209-7712

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: No annexation!!!

Open your ears- we want ~~to~~ incorporation.
Stop bullying us and others.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: DOUG CURRY

ADDRESS: 3636 Pine PLace
EAU CLAIRE, WI 54701

PHONE: 906-241-7738

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: 12/17/25

NAME: Kathryn Rulien-Barcis

ADDRESS: 4950 S. Loves Creek Rd.

Eau Claire, WI 54601

PHONE: 715 829-2431

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: 12/17/25

NAME: Robert Boone

ADDRESS: 4950 S. Locust Cr Rd

PHONE: 715-308-1455

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: _____



Municipal Boundary Review
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Madison WI 53701
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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/25

NAME: Chris Zagozon

ADDRESS: 5000 Shellamie Drive
Eau Claire, WI 54701

PHONE: 715-579-2123

REPRESENTING: Town of Washington

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: _____

concerned about taxes, mill rate, and property values
water and sewer Abandoned etc.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-2025

NAME: Teresa + Thomas Koziol

ADDRESS: 6135 Wild Rose Lane
Eau Claire, WI 54701

PHONE: 715-225-7291

REPRESENTING: home owners

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: 12-17-25

NAME: VALERIE HENTRICH

ADDRESS: 5735 Wild Rose Ln
EC 54701

PHONE: 715-456-1008

REPRESENTING: 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: Other TOW residents who cannot be
here + have difficulty using a computer
ARE ALSO IN FAVOR OF THIS + wanted me to
relay this.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 17, 2025

NAME: Guy Rossato

ADDRESS: 5290 Deerfield Rd

EL

PHONE: 715-579-6287

REPRESENTING: Myself, Town of Wausau

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: 12-17-25

NAME: Cassie Draper

ADDRESS: 1617 Birdlawn Rd
Eau Claire

PHONE: 715-307-1022

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: _____

Email Sent 12/17 with additional information.

I second the comment that the Town of Washington does a
fantastic job maintaining our roads^{Ex.} Side roads are
plowed this time of the year far before those within city
limits. Roads are plowed thoroughly & timely - always.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: Dec 17, 2015

NAME: Jon Admanson

ADDRESS: 2347 Trillium Drive
Eau Claire, WI 54601

PHONE: 715-835-1241

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: Dec, 17 2025

NAME: Samantha Aumann

ADDRESS: 2347 Thriller Drive
San Elmo, WI 54701

PHONE: 715-835-1741

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: 12/17/25

NAME: Tom GEARY

ADDRESS: 4424 MEADOW LN

EAU Claire WI 54701

PHONE: 715 577 8323

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: No more Annexation / NO MD Suburbs
No more Surprises / Better services / more Fiscal Responsibility



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/25

NAME: PAT MURPHY

ADDRESS: 6844 Timber Ridge Cir

PHONE: _____

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: 12/17/95

NAME: Becky Anderson

ADDRESS: 601 Vine St

EC 54703

PHONE: 715-577-7755

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: 10/17/25

NAME: Kathryn White

ADDRESS: 6731 Howes Creek Ct
EAU Claire WI

PHONE: 715-864-1444

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 sent letter to Madison
in support of Village.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-2025

NAME: Gordon Bischoff

ADDRESS: 5150 Deerfield Rd.

PHONE: 715-834-3751

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: 12/16/25

NAME: Peggy Blumenberg

ADDRESS: 5150 Ridgedale Rd

PHONE: 715 456 3350

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: Strongly in favor of incorporating as
Village of Washington. Thank you.
Resident of Town of Washington since 2009.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: Many Kay Hanson

ADDRESS: 3734 Halsay St.

Eu Claire, WI 54701

PHONE: 715-579-0577

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: 12/17/20

NAME: TIM HANSON

ADDRESS: 3734 HALSEY ST
EL

PHONE: 715-482-0896

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: 12/17/25

NAME: Maggie Covill

ADDRESS: 6420 White Tail Dr., Eau Claire, WI 54601

PHONE: 512-897-3150

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 17. 25

NAME: Danella M. Ringo

ADDRESS: 5920 CROCVS LN

Eau Claire, 54701

PHONE: 715 835 9574

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: 12-17-25

NAME: Brigid Geroux

ADDRESS: 5203 Deerfield Rd.

Eau Claire, WI 54701

PHONE: 715-552-5828

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: 12/17/25

NAME: Kathleen Rehl

ADDRESS: 6830 North Rd

PHONE: 715-829-5795

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: 12-17-25

NAME: Leroy Britten

ADDRESS: 7150 N. Rd. Eau Claire
WI 54701

PHONE: 715 529 5408

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: 12/17/25

NAME: Susan Zimmerman

ADDRESS: 5619 US Hwy 53
Eu Claire, WI 54701

PHONE: 715-559-4222

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: 12/17/25

NAME: SCOTT BROWN

ADDRESS: 6604 OTTER CREEK RD
FALL CREEK WI 54742

PHONE: 715 379-8101

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: WE DO NOT WISH TO BE
ANNEXED INTO THE CITY OF EAU
CLAIRE, AND PREFER TO BE INCORPORATED
INTO A ~~NEW~~ VILLAGE (WASHINGTON)



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/25

NAME: Jamie Brown

ADDRESS: 6604 Otter Creek Rd.
Fall Creek WI 54742

PHONE: 715-612-3774

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: We prefer that the town
of Washington not be annexed
into the city of Eau Claire, we
want to be incorporated into a
Village of Washington.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: MARIAN Brown

ADDRESS: 6250 RD OTTER Creek Rd.

FALL CREEK, WI 54742

PHONE: 715-835-6872

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: Town of Washington to become a Village
of Washington - NOT annex to City of Eau Claire



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: Bonnie Fetzel

ADDRESS: 2326 Trillium Dr
SC

PHONE: 715-829-5688

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: Wish to Support Becoming
a village



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: Kayla JOHNSON

ADDRESS: 3390 State St

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: 12/17/25

NAME: Andy Johnson

ADDRESS: 3390 state st

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: 12/17/25

NAME: Ginger Hooper

ADDRESS: 5450 Chokecherry Rd
Eau Claire WI 54701

PHONE: 715 379-3474

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: 12/17/25

NAME: Peter Ring

ADDRESS: 4575 OLD TOWN HILL RD

Eau Claire, WI 54601

PHONE: 715-579-5844

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: 12/17/05

NAME: Sherrie Ring

ADDRESS: 4575 Old Town Hall Rd

Eau Claire, WI 54701

PHONE: 715-579-5845

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: _____

"Where Technology and Ecology Meet"

December 17, 2025

**Re: Incorporation of a Portion of the Town of Washington as the Village of Washington, Eau Claire
Circuit Court Case #2024-CV-000498**

To Incorporation Review Board Members,

Introduction

- o **Years in the Town or association with the Town** I am the president of companies that have been in the Town of Washington for over 55 years. And I was a resident of the Town for many years.
- o **Would be resident in the new Village or new Town.** I have no intentions of leaving the Town of Washington. I have been approached by the City of Eau Claire to annex to the City of Eau Claire several times and have refused.
- o **Provide a credibility anchor.** I am the President / CEO and owner of two major employers in the Town of Washington, WRR Environmental Services and Northwest Enterprises. We employ approximately 130 people.

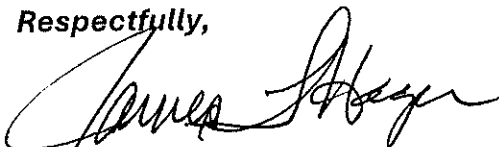
Personal stake & value statement

- o **Why incorporation matters to you specifically.** We want to remain part of the Town of Washington.
- o **How the Town's identity, needs, or future stability affects you.** We do not want to be forced in the future to become part of the City of Eau Claire.
- o **Level of Services** The town of Washington has always provided the services we needed. Having been a member of Township Fire Department for over 30 years I have a lot of confidence in their abilities.
- o **How becoming a Village will make the entire metro area stronger** I believe that the Town of Washington becoming a Village will give some stability for future planning

In all the years of being business in the Town of Washington we have experienced nothing but cooperation with the town. We had a major fire at WRR 18 years ago and the help given by the fire fighters and town was exceptional.

I urge approval of the Town of Washington's petition to incorporate as a village.

Respectfully,



WRR Environmental Services and Northwest Enterprises

James L. (Jim) Hager

President / CEO and owner

5200 Ryder Road

Eau Claire, WI 54701

715 559 0901, hagerjl@wrres.com



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-2025

NAME: Joan Schieffer

ADDRESS: 812 Rainetta Dr
Eau Claire, WI 54601

PHONE: 715 833 1195

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: 12-17-25

NAME: Leroy Schieffer

ADDRESS: 812 Rainetta Dr
Eau Claire, WI 54601

PHONE: 715 833-1195

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: 12/17/2025

NAME: Jack Bushnell

ADDRESS: 5396 Sindelar Dr.

PHONE: 715-855-0335

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: My wife, Jennifer Shaddocks
will be speaking for us.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/2025

NAME: Martha (Marky) Kuba

ADDRESS: 4971 Ridgedale Rd

Kau Claire, WI 54601

PHONE: 715-552-0728

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: I've lived in Washington Township for 23 1/2 yrs and support
the petition to become a village so future development of our rural/residential
community is controlled by us and the character of our community is maintained
with large lots, single family homes, protection of wild life habitat & the environment



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/25

NAME: Georgina Lee Caraker

ADDRESS: 6300 White Tail Dr.

Eau Claire / Town of Washburn

PHONE: 715-829-4566

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: 12/17/25

NAME: Janice Brown

ADDRESS: 3721 Halsey St
Eau Claire, WI 54701

PHONE: 715-834-9131

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/

NAME: ROBERT P. BROWN

ADDRESS: 3121 HALSEY ST

PHONE: 715 834 9131

REPRESENTING: ME

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: 12/17/2025

NAME: Becky Silberg

ADDRESS: 4630 W. Louisa Creek Rd
E.C.

PHONE: 715-829-1772

REPRESENTING: Town of Washington

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: 12/17/25

NAME: Cynthia Cramer

ADDRESS: 3405 Creekside Ct.

East Claire, WI 54701

PHONE: 715-225-5305

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: 12/17/25

NAME: ALLEN R. STREY

ADDRESS: 4390 RIDGEDALE RD.
BAA CLAIRE 54701

PHONE: 715-835-5212

REPRESENTING: TOWN OF WASHINGTON

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: 12/17/25

NAME: Barbara Strey

ADDRESS: 4390 Ridgedale Rd.
Eau Claire, WI 54701

PHONE: 715-835 5212

REPRESENTING: Town of Washington

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: 12-12-05

NAME: NATE Symonick

ADDRESS: 6749 Hillview Rd
Eau Claire WI 54701

PHONE: _____

REPRESENTING: Town of Washington

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: 12-17-2025

NAME: Amy Szymoniak

ADDRESS: 6749 Hillview Rd
Eau Claire, WI 54701

PHONE: _____

REPRESENTING: Resident of Town of Washington

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 village of Town of Washington Petition
- ☐ Register in opposition.

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: Melissa Reilly

ADDRESS: 6701 Walnut Rd

PHONE: 404-454-4248

REPRESENTING: Town

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.

(V) We need more information

COMMENTS: _____



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17

NAME: Doug Nelson

ADDRESS: E562 Maple Rd

Eau Claire

PHONE: 715 579-1012

REPRESENTING: Pleasant Valley Town Bd / Landowner

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: 12/17/25

NAME: Bruce Bergmann

ADDRESS: 123 Grey Friar Lane
Eau Claire WI 54701

PHONE: 715 830 0464

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: 12/17/25

NAME: Cathy Wilson

ADDRESS: 3837 Cummings Ave
Earl Claire, WI 54701

PHONE: 715-497-3600

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'm in favor of becoming a
village



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12/17/2025

NAME: Syver Wilson

ADDRESS: 3837 Cummings Ave
Eau Claire, WI 54701

PHONE: 715-829-1631

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 hope the town becomes
a village.



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-16-2025

NAME: Chad Larson

ADDRESS: 3204 Brookwood Dr
Eco Claire, WI 5474

PHONE: 715-492-0417

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: 10/17/25

NAME: Debbie Bowe

ADDRESS: 5751 Vista Ct EC

PHONE: 715-577-9093

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: Lived Here 36 years



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INCORPORATION HEARING REGISTRATION SLIP

PUBLIC HEARING

DATE: 12-17-25

NAME: Carol Sandeen

ADDRESS: 3614 Pine Place

PHONE: 715 864 2842

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: _____

NAME: James Sandeen

ADDRESS: 3614 Pine Place

PHONE: 715-379-7289

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: 12/17/25

NAME: Jeanne Szepieniec

ADDRESS: 5030 Deerfield Rd EC 54701 &

4346 Deerfield Rd EC 54701

PHONE: 715 240 0399

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 17 2015

NAME: Paul and Jeanne Szeplieniec

ADDRESS: 5030 Deerfield Rd

Eau Claire, WI 54601

PHONE: 715-210-9801

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: 12-12-25

NAME: Bruce Coleman

ADDRESS: 3626 Tamarack Ln
EAU CLAIRE WI 54701

PHONE: 715-839-7937

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: _____

