

**\*\*\*ATTACHMENTS\*\*\***

II

5.9

R. O. No. 275- 14 - 15. By CITY CLERK. March 16, 2015.

Submitting a communication from the Town of Sheboygan Town Board requesting that the City evaluate the area of the accident that occurred on Mill Rd. involving a vehicle exiting the roadway and striking a tree resulting in the loss of a life and requesting that the City place a guardrail there to prevent another tragedy.

PP+S

*Lusan Richards*  
\_\_\_\_\_  
City Clerk

117

7

III

832

117

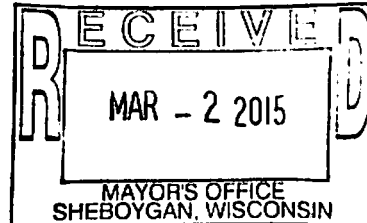


**Town of Sheboygan**  
Sanitary Districts 2 Sewer & 3 Water

**Town Hall Office**  
1512 N 40<sup>th</sup> St  
Sheboygan, WI 53081  
Phone 920-451-2320  
Fax 920-451-2323  
Hrs: Mon, Wed, Thur 7am-4pm  
Tue 7am-5pm; Fri Closed

February 24, 2015

Mayor Michael J. Vandersteen  
City of Sheboygan  
828 Center Avenue  
Sheboygan, WI 53081



Honorable Mayor Vandersteen,

As you are probably aware, several months ago there was a fatal accident on Mill Road involving a vehicle exiting the roadway and striking a tree resulting in the loss of a life. The Town of Sheboygan Board recently met to discuss what if anything we would be able to do to avoid another such accident.

Mill Road is a road with multi-jurisdictions. After meeting with our Director of Public Works and the Town's consulting engineer, Tom Holton of AECOM, it was determined that a very dangerous situation exists on Mill Road and the jurisdiction of the incline/decline/curve are located in the City of Sheboygan rather than the Town of Sheboygan. It was felt that a guardrail would help prevent another tragedy in this area.

We are asking that you evaluate the area of the accident and determine how Mill Road could be made safer for the hundreds of vehicles that travel this road on a daily basis.

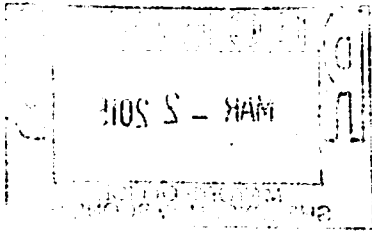
Please advise at your earliest convenience.

Thank you for your time and consideration.

Sincerely,

Town of Sheboygan Town Board  
Daniel W. Hein, Town Chairman  
Char Gumm, Town Supervisor  
James R. Schwinn, Town Supervisor  
John Wagner, Town Supervisor  
Dan Olson, Town Supervisor

1950-1951  
MAR - 5 5011



1950-1951  
MAR - 5 5011

1950-1951  
MAR - 5 5011

1950-1951  
MAR - 5 5011

1950-1951  
MAR - 5 5011

II

4.6

R. O. No. 292 - 14 - 15. By CITY CLERK. April 8, 2015.

Submitting a communication from Christopher Fitzpatrick requesting a waiver from the Sex Offender Residency restrictions in order to live at 420 Huron Ave.

  
\_\_\_\_\_  
City Clerk

PP & S

CITY OF SHEBOYGAN

PUBLIC PROTECTION AND SAFETY COMMITTEE

APPLICATION FOR WAIVER OF  
SEXUAL OFFENDER RESIDENCY RESTRICTIONS

This application is pursuant to Section 70-265 of Sheboygan Municipal Code. Consistent with the policies set forth in Wisconsin Statute sections 938.299 and 938.78 mandating confidentiality, appeals involving juvenile offenders or offenses will be held in closed session, unless otherwise noted.

IMPORTANT: THIS APPLICATION SHOULD BE TYPED OR PRINTED IN BLOCK LETTERS IN BLACK INK.

DATE: 3-23-15

NAME: Christopher Fitzpatrick

DATE OF BIRTH: 8-23-77

CURRENT ADDRESS: 1125 N. 14th St.

EMPLOYER: Watry Ind.

ADDRESS OF EMPLOYER: Lakeshore Dr.

HIGHEST LEVEL OF EDUCATION COMPLETED: Highschool Graduate

AGES & RELATIONSHIPS OF THOSE WHO CURRENTLY LIVE WITH YOU

(Do not list names): Live in TLP. People come + go all the time. I don't become friends with them - so I don't know there ages.

ADDRESS THAT YOU WISH TO MOVE TO IN SHEBOYGAN: 420 Huron Ave.

AGES & RELATIONSHIPS OF THOSE WHO WOULD LIVE IN THE HOME YOU WISH TO MOVE TO

(Do not list names): Just me.

COMPLETE LIST OF YOUR PREVIOUS RESIDENTIAL ADDRESSES:

312 Commerce St. Cedar Grove, WI.

123 Main St. Cedar Grove, WI

1125 N. 14th St. Sheboygan WI.

Kettle Moraine Correctional Institution.

II

R. O. No. 293 - 14 - 15. By CITY CLERK. April 8, 2015.

Submitting a communication from Tre-Vaughn Poe requesting a waiver from the Sex Offender Residency restrictions in order to live at 1123/1125 N. 14<sup>th</sup> St. or 930A Michigan Ave.

PP+S

*Susan Richards*

City Clerk

Date 4-1-15

My name is Tee-Vaughn Poe

I am requesting a waiver to the Sexual Residency Requirements so I may live at 1123 or 1125 N. 14th St.  
or 930-A Michigan Ave.

Signature Dept of Corrections - Holly Rick, on behalf

Phone No (920) 459-6545

II

R. O. No. 294 - 14 - 15. By CITY CLERK. April 8, 2015.

Submitting a communication from Angel Ramirez Sr. requesting a waiver to the Sex Offender Residency restriction in order to live at 1123/1125 N. 14<sup>th</sup> St. or 930A Michigan Ave.

*Susan Richards*  
\_\_\_\_\_  
City Clerk

PPS

Date 4-1-15

My name is Angel Ramirez Sr.

I am requesting a waiver to the Sexual Residency Requirements so I may live at 1123 or 1125 N. 14<sup>th</sup> St  
or 930-A Michigan Ave.

Signature Dept. of Corrections - Holly Rick, on behalf

Phone No (920) 459-6545