

WisDOT Division of Transportation
System Development
Northeast Region
944 Vanderperren Way
Green Bay WI 54304-5344

Governor Tony Evers
Secretary Kristina Boardman
wisconsindot.gov
Telephone: (920) 492-5643
FAX: (920) 492-5640
Email: ner.dtsd@dot.wi.gov



January 8, 2026

CERTIFIED MAIL

City of Kaukauna
144 West Second Street
Kaukauna, WI 54130-2200

RE: Parcel No.: 304
Parcel Address: Evergreen Drive
2801 Progress Way
Kaukauna, WI 54130
Project ID: 1130-63-21, IH-41, Outagamie & Brown Counties
Appleton – De Pere (STH 96 – CTH F)

Dear City of Kaukauna:

The Wisconsin Department of Transportation (WisDOT) is planning a roadway improvement project on IH-41 located in both Outagamie and Brown Counties which includes new right of way acquisition in multiple areas. MSA Professional Services, Inc. has been hired to act as an agent for WisDOT to acquire the needed right of way for the improvement project. I will be your point of contact and will work closely with you through the real estate acquisition process. In compliance with Wisconsin statutes and federal regulations, you are receiving this letter to initiate negotiations for the acquisition of your property and/or property interests needed for the above referenced improvement project.

Enclosed are the following documents:

- Appraisal Report
- The Rights of Landowners Under Wisconsin Eminent Domain Law
- Appraisal Guidelines and Agreement
- Transportation Project Plat with Names of 10 Other Neighboring Landowners Affected by the Project, if Applicable
- Warranty Deed with Legal Description of the Land and/or Interest(s) Needed for the Project
- Statement to Construction Engineer
- New Supplier Form (DOA-6460)
- Internal Revenue Service Form W-9 Request for Taxpayer Identification

WisDOT's approved estimate of just compensation is \$2,100.00 and is based on the enclosed appraisal report. This amount does not consider any decrease or increase in the market value of the property caused by the anticipation of the project. The allocation of this amount is as follows:

Allocation	Description	Size	Unit	Per Unit	Value (\$) Rounded
Fee	Land (Tax Parcel 322095603) Larger Parcel 304A	860.00	Sq. Ft.	\$0.90	\$774.00
Fee	Land (Tax Parcel 322098200) Larger Parcel 304B	315.00	Sq. Ft.	\$1.30	\$409.00
Temporary Limited Easement (TLE)	TLE (Tax Parcel 322098200) Larger Parcel 304B	1,404.00	Sq. Ft.	\$0.60	\$846.00
Appraiser Rounding	Appraiser Rounding				\$71.00

Total Allocation \$2,100.00*

**General taxes shall be prorated at the time of closing based on the net general taxes for the preceding year.*

If you agree with the value stated in the appraisal report and wish to enter into an agreement with WisDOT, please sign the following documents and return them to me in a timely manner for final review and approval. Also enclosed is a self-addressed (MSA), postage-paid envelope for your convenience. Upon receipt of these documents, we will submit a payment request.

- A. **Warranty Deed:** All landowners whose names are listed or assigned to this parcel must sign and date this document. Each signature must be acknowledged in the presence of a Notary Public.
- B. **Statement to Construction Engineer:** This form requires the signature of only one landowner and is used to inform the construction engineer of any special commitments, if any, that were agreed to by you and WisDOT for construction purposes.
- C. **New Supplier Form (DOA-6460):** This form is to be completed in full for payment processing. Section 3 (Payment Direct Deposit/ACH Information) presents two options. You may receive payment by "Direct Deposit" to a checking or savings account or opt out of "Direct Deposit" and receive payment by mail. Should you choose "Direct Deposit" you must accompany this form with a current, voided check or include a bank letter on bank letterhead signed by a bank representative (as directed on the form).
- D. **Form W-9:** This form is required by the IRS for any transaction valued at \$600.00 or more. If more than one landowner, unless husband and wife at the time of the conveyance, each should submit a W-9. If exempt, please provide an exemption form.

If you are not satisfied with the above-stated conclusions of value for your property, you are eligible to obtain an additional appraisal from a qualified appraiser of your choice. If you elect to have an appraisal report prepared, you must take certain steps to qualify for reimbursement.

Your eligibility for appraisal cost reimbursement will expire 60 days from your receipt of the agency's appraisal, which is estimated to be on **March 12, 2026**. Receipt of the agency's appraisal is considered to have been accomplished either upon the date of personal delivery or date of postmark. See the enclosed Appraisal Guidelines and Agreement document for further explanation. If your appraisal report is submitted after the 60-day statutory date, the agency may consider it for negotiation purposes; however, it will not be eligible for reimbursement.

It is important to us that you are satisfied that your property and your rights have been fully considered. We will provide any additional information requested, if available, or further discuss any other concerns you may have. Should you have any questions or concerns, please feel free to contact me at the phone number or email addressed below.

Sincerely,
MSA Professional Services, Inc.



Jessie Prien, MSA Real Estate Project Manager
1835 North Stevens Street, Rhinelander, WI 54501
(715) 304-0404
jprien@msa-ps.com

Enclosures: As stated in letter.

cc: Sarah Reese, WisDOT Real Estate Leadworker – Northeast Region

WARRANTY DEED

Wisconsin Department of Transportation
Exempt from fee [s. 77.25(2r) Wis. Stats.]
RE1560 01/2023

THIS DEED, made by **City of Kaukauna, a Wisconsin municipal corporation**, GRANTOR, conveys and warrants the property described below to the **Wisconsin Department of Transportation**, GRANTEE, for the sum of **Two Thousand One Hundred and 00/100 Dollars (\$2,100.00)**.

Any person named in this deed may make an appeal from the amount of compensation within six months after the date of recording of this deed as set forth in s. 32.05(2a) Wisconsin Statutes. For the purpose of any such appeal, the amount of compensation stated on the deed shall be treated as the award, and the date the deed is recorded shall be treated as the date of taking and the date of evaluation.

Other persons having an interest of record in the property: **None**.

This is not homestead property.

LEGAL DESCRIPTION IS ATTACHED AND MADE A PART OF THIS DOCUMENT BY REFERENCE.

This space is reserved for recording data

Return to
ATTN: Jessie Prien
MSA Professional Services, Inc.
1835 North Stevens Street
Rhineland, WI 54501
Parcel Identification Number/Tax Key Number
322095603; 322098200

The undersigned certify that this instrument is being executed pursuant to a resolution of the board of directors (or shareholders, if authorized by law) of GRANTOR.

City of Kaukauna

Signature _____ Date _____

Print Name & Title _____

Signature _____ Date _____

Print Name & Title _____

Signature _____ Date _____

Print Name & Title _____

Signature _____ Date _____

Print Name & Title _____

_____ Date _____

State of _____)
County _____) ss.

On the above date, this instrument was acknowledged before me by the above-named person(s).

The signer was: _____ Physically in my presence. **OR**

_____ In my presence involving the use of communication technology.

Signature, Notary Public, State of _____

Print Name, Notary Public, State of _____

_____ Date Commission Expires _____

Project ID
1130-63-21

This instrument was drafted by Jessie Prien,
MSA Professional Services, Inc., on behalf of
Wisconsin Department of Transportation

Parcel No.
304

LEGAL DESCRIPTION

Parcel 304 of Transportation Project Plat 1130-63-21-4.31, recorded as Document 2291927, at the Register of Deeds office in Outagamie County, Wisconsin.

Property interests and rights of said Parcel 304 consist of:

Fee simple.

Also, Parcel 304 of Transportation Project Plat 1130-63-21-4.33 Amendment No. 1, recorded as Document 2348567, at the Register of Deeds office in Outagamie County, Wisconsin.

Property interests and rights of said Parcel 304 consist of:

Fee simple.

Temporary limited easement.

Any interests or rights not listed above for said parcel but shown as required on said Transportation Project Plat are hereby incorporated herein by reference.

STATEMENT TO CONSTRUCTION ENGINEER

RE1528 10/2024 s. 84.09 Wis. Stats.

Wisconsin Department of Transportation

Copies to: project engineer and owner

Owner Name(s) City of Kaukauna	Property Address Evergreen Drive & 2801 Progress Way Kaukauna, WI 54130	Area code - phone Home: Cell: Work: Email:
	Mailing Address 144 West Second Street Kaukauna, WI 54130-2200	
Tenant, if any	Property Address Evergreen Drive & 2801 Progress Way Kaukauna, WI 54130	Area code - phone Home: Cell: Work: Email:
	Mailing Address	

• All commitments agreed upon between negotiator and property owner are listed below.

• All commitments are subject to approval of Wisconsin Department of Transportation.

• Basic concepts of construction project have been explained to owner.

• No other commitments, either verbal or implied, are valid.

Commitments made (fences, driveways, trees, drainage or other items):

Other matters of interest and owner concerns:

City of Kaukauna

Property Owner Signature & Title	Date	Negotiator Signature	Date
		Jessie Prien	
Property Owner Signature & Title	Date	Print Negotiator Name	

Commitments Approved:

Approving Authority Signature and Title

Date

Print Approving Authority Name

Project ID
1130-63-21

County
Outagamie

Parcel No.
304



New Supplier Form

Section 1: Identifying Information

Tax Identification Number:

--	--	--	--	--	--	--	--	--	--

EIN
or
SSN

--	--

Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank:

Business Name/disregarded entity name, if different from above:

Address:

City:

State:

ZIP:

DUNS#

UEI#

Section 2: Order Address (For Purchase Orders)

Address:

City:

State:

ZIP:

DUNS#

UEI#

Section 3: Payment Direct Deposit/ACH Information

Bank Name:		Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Account Number:		Routing Number:		
Account number supplied must match attached bank verification		Routing number supplied must match attached bank verification		
Email for Remit Info		To opt out of Direct Deposit, Check This Box <input type="checkbox"/>		

Attach a copy of a current voided check or include a bank letter on bank letterhead, signed by a bank representative. Either option must include the individual/company name, routing and account numbers pre-printed by the financial institution

Section 4: International ACH Transaction Information

Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of IAT?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Section 5: Contact Information

Primary Contact Name:	
Title:	Email:
Phone:	Fax:
Secondary Contact Name:	
Title:	Email:
Phone:	Fax:

Section 6: Read the Agreement, Sign & Date

Wisconsin law provides that State agencies or authorities cannot purchase any materials, supplies, equipment, or contractual services from suppliers (vendors), if the supplier and its affiliates are not registered, collecting, and remitting Wisconsin sales or use tax on sales of tangible personal property and taxable services in Wisconsin to the Wisconsin Department of Revenue. If the supplier or its affiliates only make exempt sales in Wisconsin, an Affidavit of Exempt Sales can be signed in lieu of registering. Exempt sales do not include sales of tangible personal property or taxable services not taxed solely because the supplier or affiliate does not have activity in Wisconsin that requires them to collect and remit sales and use tax (Nexus). This law does not change the federal constitutional limitations on who must be licensed to conduct business in Wisconsin. Additionally, A foreign corporation (any corporation other than a Wisconsin corporation) which becomes a party to this Agreement is required to conform to all the requirements of Chapter 180, Wis. Stats., relating to a foreign corporation and must possess a certificate of authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce or is otherwise exempt from the requirement of obtaining a certificate of authority.

The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier. Only **Authorized individuals** may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. **Fraudulent conveyances are punishable offenses.** The entity listed hereby authorizes the State of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation and has a reasonable opportunity to act on it.

Print Name:	Date:
Signature:	Phone:

DOA-6460 – New Supplier Form

REQUIRED Information

Section 1. Identifying Information

- Tax Identification Number – must match either the Social Security Number or the Employer Identification number from completed W-9; check corresponding EIN or SSN box.

Name – must match first line on W-9

Business Name – if applicable, must match W-9 if listed on W-9

Address/City/State/Zip – Must match W-9

DUNS#/EUI# - if available

Section 2. Only complete if Purchase Orders are to be sent to different address

State of Wisconsin
Wisconsin Department of Administration
Division of Executive Budget & Finance
DOA-6460 (R01/2022)



New Supplier Form

Section 1: Identifying Information

Tax Identification Number:

EIN -- SSN

Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted.

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank:

Business Name/disregarded entity name, if different from above:

Address:

City: State: ZIP:

DUNS# UEI#

Section 2: Order Address (For Purchase Orders)

Address:

City: State: ZIP:

DUNS# UEI#

DOA-6460 – New Supplier Form

REQUIRED Information

Section 3. Payment Direct Deposit/ACH Information

- Only complete if you want to be paid via ACH (Electronic money transfer).
- **If you want a paper check, check the box and go to Section 5.**

To opt out of Direct Deposit, Check This Box

☐

- For ACH Payment, provide:

- Bank Name Account Type: check appropriate box
- Account Number (provide entire account number)
- Routing Number
- Email for Remit Info (used for notification of payment)

- Attach a copy of current voided check **OR** include a bank letter on bank letterhead, signed by a bank representative. The information **MUST** include the individual/company name, routing and account numbers pre-printed by the financial institution and must match the information provided above, under ACH Payment.

Section 4. International ACH Transaction Information

- Checking "Yes" indicate the entire amount of ACH will be deposited into a financial institution outside the US.
- Checking "No" indicate the ACH payment will be deposited into a financial institution located in the US.

Section 3: Payment Direct Deposit/ACH Information			
Bank Name:	Account Type:	Checking	Savings
Account Number:	Routing Number:		
Account number supplied must match attached bank verification		Routing number supplied must match attached bank verification	
Email for Remit Info		To opt out of Direct Deposit, Check This Box	
Attach a copy of a current voided check or include a bank letter on bank letterhead, signed by a bank representative. Either option must include the individual/company name, routing and account numbers pre-printed by the financial institution			
Section 4: International ACH Transaction Information			
Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of FAT?			
		Yes	No

DOA-6460 – New Supplier Form

REQUIRED Information

Section 5. Contact Information

At least one contact information is needed.

For individuals, Name and Phone are sufficient.

For business:

- Provide Primary Contact Name, Title, Email, and Phone.
- Provide Secondary Contact Name, Title, Email, and Phone, if you wish.

Section 6. Read the Agreement, Sign & Date

Print Name:

Date:

Signature:

Phone:

Section 5: Contact Information	
Primary Contact Name:	
Title:	Email:
Phone:	Fax:
Secondary Contact Name:	
Title:	Email:
Phone:	Fax:
Section 6: Read the Agreement, Sign & Date	
<p>Wisconsin also provides that State agencies or authorities cannot purchase any materials, supplies, equipment, or contractual services from suppliers (vendors), if the supplier and its affiliates are not registered, collecting, and remitting Wisconsin sales or use tax on sales of tangible personal property and taxable services in Wisconsin to the Wisconsin Department of Revenue. If the supplier or its affiliates only make exempt sales in Wisconsin, an Affidavit of Exempt Sales can be signed in lieu of registering. Exempt sales do not include sales of tangible personal property or taxable services not taxed solely because the supplier or affiliate does not have activity in Wisconsin that requires them to collect and remit sales and use tax (Mexus). This law does not change the federal constitutional limitations on who must be licensed to conduct business in Wisconsin. Additionally, A foreign corporation (any corporation other than a Wisconsin corporation) which becomes a party to this agreement is required to conform to all the requirements of Chapter 380, Wis. Stats., relating to a foreign corporation and must possess a certificate of authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce. If it is otherwise exempt from the requirement of obtaining a certificate of authority.</p> <p>The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e., passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier. Only Authorized individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. Excluded employees are prohibited officers. The entity listed hereby authorizes the State of Wisconsin to initiate credit entries in its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation and has a reasonable opportunity to act on it.</p>	
Print Name:	Date:
Signature:	Phone:

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

W-9 Request for Taxpayer ID and Certification

REQUIRED Information for W-9

1. NAME as shown on income tax return:
 - Business/Entity – name of business (EIN)
 - Individual – name of individual (SSN)
2. Business Name-Doing Business As, if different from #1.
- 3a. Check appropriate box for federal tax classification.
 - Only one box can be checked
 - LLC – Enter the tax classification of LLC
- 3b. Check box if Partnership, Trust/Estate, LLC-Partnership if you have any foreign partners, owners or beneficiaries.

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.	Give form to the requester. Do not send to the IRS.
Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.		
1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
2 Business name/disregarded entity name, if different from above.		
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions);		
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.		
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)		

W-9 Request for Taxpayer ID and Certification

REQUIRED Information for W-9 (continued)

5. Provide Address (for mailing of 1099s).
6. City, State and ZIP Code.

PART I – Taxpayer Identification Number (TIN)

Provide either:

- Social Security number - for Individual
- Employer identification number – for Business

OMB No. 1545-0047 (02-01-03) PREVIOUS EDITIONS ARE OBSOLETE. USE THIS EDITION.

5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6	City, state, and ZIP code	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
or	
Employer identification number	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

W-9 Request for Taxpayer ID and Certification

REQUIRED Information for W-9 (continued)

PART II – Certification

Signature of Individual or Business Representative.

Date (Current Date)

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

STATE OF WISCONSIN
DEPARTMENT OF TRANSPORTATION
TRANSPORTATION PROJECT PLAT TITLE SHEET
1130-63-21
APPLETON - DE PERE

Parcel 304

STH 96 - CTH F

IH-41

OUTAGAMIE & BROWN COUNTIES



CONVENTIONAL SYMBOLS

SECTION LINE	---	SECTION CORNER SYMBOL		R/W MONUMENT (TO BE SET)	●
QUARTER LINE	---	SECTION CORNER MONUMENT		NON-MONUMENTED R/W POINT	○
SIXTEENTH LINE	---	GEODETIC SURVEY MONUMENT		FOUND IRON PIN (3/4-INCH UNLESS NOTED)	IP
NEW REFERENCE LINE	---	SIXTEENTH CORNER MONUMENT		OFF-PREMISE SIGN	
NEW R/W LINE	---	SIGN		COMPENSABLE	
EXISTING R/W OR HE LINE	---	ELECTRIC POLE		NON-COMPENSABLE	
PROPERTY LINE	---	TELEPHONE POLE			
LOT, TIE & OTHER MINOR LINES	---	PEDESTAL (LABEL TYPE)			
SLOPE INTERCEPT	---	ACCESS RESTRICTED BY ACQUISITION			
CORPORATE LIMITS	---	NO ACCESS (BY STATUTORY AUTHORITY)			
UNDERGROUND FACILITY (COMMUNICATIONS, ELECTRIC, ETC)	---	ACCESS RESTRICTED (BY PREVIOUS PROJECT OR CONTROL)			
NEW R/W (FEE OR HE) (HATCHING VARIES BY OWNER)	---	NO ACCESS (NEW HIGHWAY)			
TEMPORARY LIMITED EASEMENT AREA	---	PARCEL NUMBER		UTILITY NUMBER	
EASEMENT AREA (PERMANENT LIMITED OR RESTRICTED DEVELOPMENT)	---	PARALLEL OFFSETS			
TRANSMISSION STRUCTURES	---				
BUILDING					
TO BE REMOVED					
BRIDGE					
CULVERT					

CONVENTIONAL ABBREVIATIONS

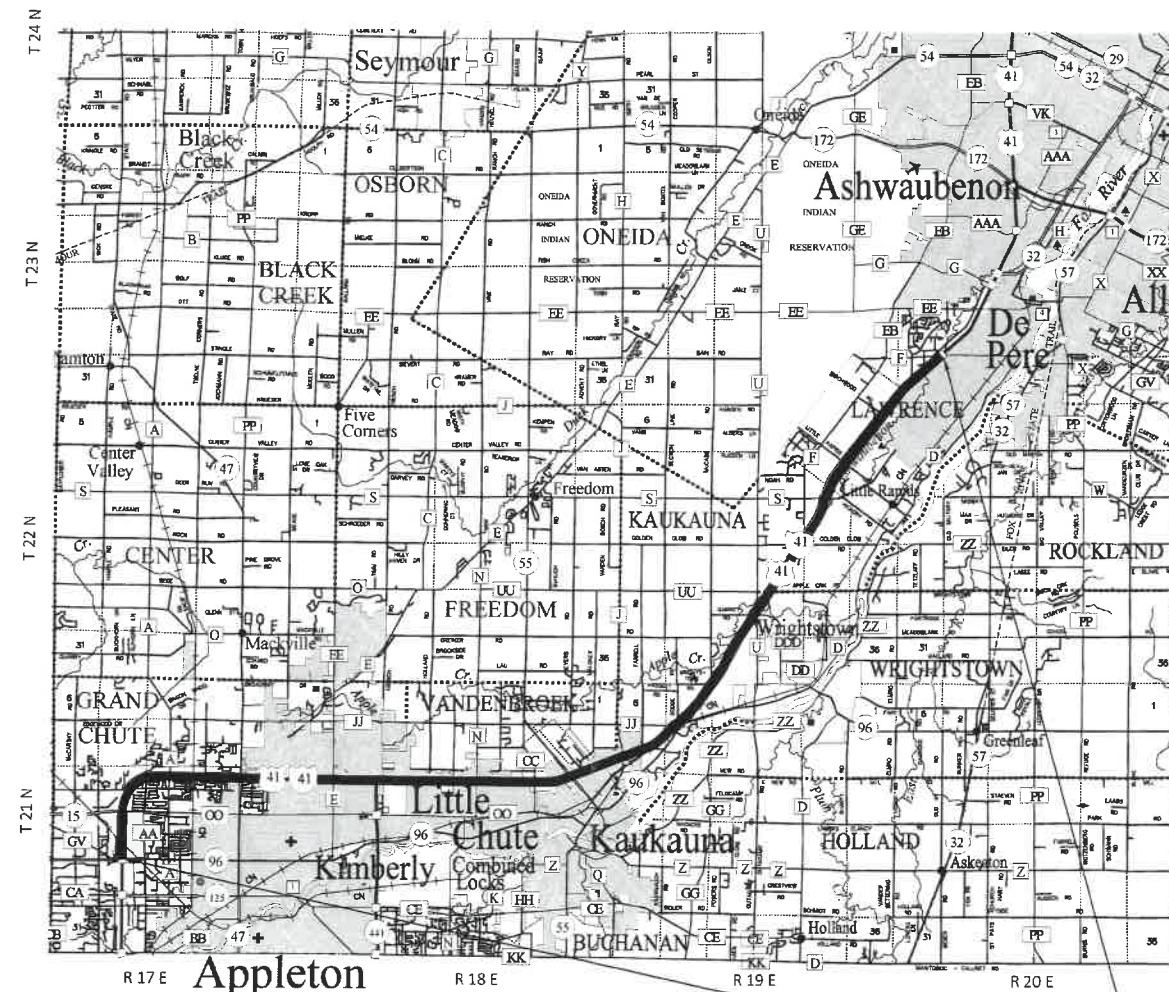
ACCESS RIGHTS	AR	POINT OF COMPOUND CURVE	PCC
ACRES	AC	POINT OF INTERSECTION	PI
AHEAD	AH	PROPERTY LINE	PL
ALUMINUM	ALUM	RECORDED AS	(100')
AND OTHERS	ET AL	REEL / IMAGE	R/I
BACK	BK	REFERENCE LINE	R/L
BLOCK	BLK	REMAINING	REM
CENTERLINE	C/L	RESTRICTIVE DEVELOPMENT	RDE
CERTIFIED SURVEY MAP	CSM	EASEMENT	
CONCRETE	CONC	RIGHT	RT
COUNTY	CO	RIGHT OF WAY	R/W
COUNTY TRUNK HIGHWAY	CTH	SECTION	SEC
DISTANCE	DIST	SEPTIC VENT	SEPV
CORNER	COR	SQUARE FEET	SF
DOCUMENT NUMBER	DOC	STATE TRUNK HIGHWAY	STH
EASEMENT	EASE	STATION	STA
EXISTING	EX	TELEPHONE PEDESTAL	TP
GAS VALVE	GV	TEMPORARY LIMITED EASEMENT	TLE
GRID NORTH	GN		
HIGHWAY EASEMENT	HE	TRANSPORTATION PROJECT PLAT	TPP
IDENTIFICATION	ID	UNITED STATES HIGHWAY	USH
LAND CONTRACT	LC	VOLUME	V
LEFT	LT		
MONUMENT	MON		
NATIONAL GEODETIC SURVEY	NGS		
NUMBER	NO		
OUTLOT	OL		
PAGE	P		
POINT OF TANGENCY	PT		
PERMANENT LIMITED EASEMENT	PLE		
POINT OF BEGINNING	POB		
POINT OF CURVATURE	PC		

CURVE DATA ABBREVIATIONS

LONG CHORD	LCH
LONG CHORD BEARING	LCB
RADIUS	R
DEGREE OF CURVE	D
CENTRAL ANGLE	Δ / DELTA
LENGTH OF CURVE	L
TANGENT	T
DIRECTION AHEAD	DA
DIRECTION BACK	DB

CONVENTIONAL UTILITY SYMBOLS

WATER	---
GAS	---
TELEPHONE	---
OVERHEAD TRANSMISSION LINES	---
ELECTRIC	---
CABLE TELEVISION	---
FIBER OPTIC	---
SANITARY SEWER	---
STORM SEWER	---
ELECTRIC TOWER	---



THE NOTES, CONVENTIONAL SIGNS, AND ABBREVIATIONS ARE ASSOCIATED WITH EACH TRANSPORTATION PROJECT PLAT FOR PROJECT 1130-63-21

NOTES:

POSITIONS SHOWN ON THIS PLAT ARE WISCONSIN COORDINATE REFERENCE SYSTEM COORDINATES (WISCRS), OUTAGAMIE COUNTY, NAD83(2011), IN U.S. SURVEY FEET. VALUES ARE GRID COORDINATES, GRID BEARINGS, AND GRID DISTANCES. GRID DISTANCES MAY BE USED AS GROUND DISTANCES.

ALL NEW RIGHT-OF-WAY MONUMENTS WILL BE TYPE 2 (TYPICALLY 1" X 24" IRON PIPES), UNLESS OTHERWISE NOTED, AND WILL BE PLACED PRIOR TO THE COMPLETION OF THE PROJECT.

ALL RIGHT-OF-WAY LINES DEPICTED IN THE NON-ACQUISITION AREAS ARE INTENDED TO RE-ESTABLISH EXISTING RIGHT-OF-WAY LINES AS DETERMINED FROM PREVIOUS PROJECTS, OTHER RECORDED DOCUMENTS, CENTERLINE OF EXISTING PAVEMENTS, AND/OR EXISTING OCCUPATIONAL LINES.

RIGHT-OF-WAY BOUNDARIES ARE DEFINED WITH COURSES OF THE PERIMETER OF THE HIGHWAY LANDS REFERENCED TO THE U.S. PUBLIC LAND SURVEY SYSTEM OR OTHER "SURVEYS" OF PUBLIC RECORD.

DIMENSIONING FOR THE NEW RIGHT-OF-WAY IS MEASURED ALONG AND PERPENDICULAR TO THE NEW REFERENCE LINES.

A TEMPORARY LIMITED EASEMENT (TLE) IS A RIGHT FOR CONSTRUCTION PURPOSES, AS DEFINED HEREIN, INCLUDING THE RIGHT TO OPERATE NECESSARY EQUIPMENT THEREON, THE RIGHT OF INGRESS AND EGRESS, AS LONG AS REQUIRED FOR SUCH PUBLIC PURPOSE, INCLUDING THE RIGHT TO PRESERVE, PROTECT, REMOVE, OR PLANT THEREON ANY VEGETATION THAT THE HIGHWAY AUTHORITIES MAY DEEM DESIRABLE. ALL (TLEs) ON THIS PLAT EXPIRE AT THE COMPLETION OF THE CONSTRUCTION PROJECT FOR WHICH THIS INSTRUMENT IS GIVEN.

A PERMANENT LIMITED EASEMENT (PLE) IS A RIGHT FOR CONSTRUCTION AND MAINTENANCE PURPOSES, AS DEFINED HEREIN, INCLUDING THE RIGHT TO OPERATE NECESSARY EQUIPMENT THEREON AND THE RIGHT OF INGRESS AND EGRESS, AS LONG AS REQUIRED FOR SUCH PUBLIC PURPOSE, INCLUDING THE RIGHT TO PRESERVE, PROTECT, REMOVE, OR PLANT THEREON ANY VEGETATION THAT THE HIGHWAY AUTHORITIES MAY DEEM DESIRABLE, BUT WITHOUT PREJUDICE TO THE OWNER'S RIGHTS TO MAKE OR CONSTRUCT IMPROVEMENTS ON SAID LANDS OR TO FLATTEN THE SLOPES, PROVIDING SAID ACTIVITIES WILL NOT IMPAIR OR OTHERWISE ADVERSELY AFFECT THE HIGHWAY FACILITIES.

AN EASEMENT FOR HIGHWAY PURPOSES (HE), AS LONG AS SO USED, INCLUDING THE RIGHT TO PRESERVE, PROTECT, REMOVE, OR PLANT THEREON ANY VEGETATION THAT THE HIGHWAY AUTHORITIES MAY DEEM DESIRABLE.

PROPERTY LINES SHOWN ON THIS PLAT FOR PROPERTIES BEING IMPACTED ARE DRAWN FROM DATA DERIVED FROM FILED/RECORDED MAPS AND DOCUMENTS OF PUBLIC RECORD. THIS PLAT MAY NOT BE A TRUE REPRESENTATION OF EXISTING PROPERTY LINES, EXCLUDING RIGHT-OF-WAY, AND SHOULD NOT BE USED AS A SUBSTITUTE FOR AN ACCURATE FIELD SURVEY.

FOR THE CURRENT ACCESS/DRIVEWAY INFORMATION, CONTACT THE PLANNING UNIT OF THE WISCONSIN DEPARTMENT OF TRANSPORTATION OFFICE IN GREEN BAY.

PARCEL AND UTILITY IDENTIFICATION NUMBERS MAY NOT POINT TO ALL AREAS OF ACQUISITION, AS NOTED ON THE TPP DETAIL PAGES.

INFORMATION FOR THE BASIS OF EXISTING HIGHWAY RIGHT-OF-WAY POINTS OF REFERENCE AND ACCESS CONTROL ARE LISTED ON THE TPP DETAIL PAGES.

PROJECT NUMBER 1130-63-21 -4. 04
SHEET 2 OF 2
AMENDMENT NO:

TRANSPORTATION PROJECT PLAT NO: 1130-63-21 - 4.31

THAT PART OF LOT 3 OF CSM 7631, AND PART OF LOT 15 OF THE ASSESSOR'S PLAT OF PRIVATE CLAIM 35, LOCATED IN AND ALSO INCLUDING PART OF PRIVATE CLAIM 35, PART OF LOT 1 OF CSM 1281, AND PART OF LOT 1 OF CSM 2769, LOCATED IN AND ALSO INCLUDING PART OF PRIVATE CLAIM 34, CITY OF KAUKAUNA, PART OF LOT 14 OF 1858 SUBDIVISION OF PRIVATE CLAIM 35, LOCATED IN PRIVATE CLAIM 35, AND PART OF CSM 85, LOCATED IN AND ALSO INCLUDING PART OF PRIVATE CLAIM 34, TOWN OF VANDENBROEK, OUTAGAMIE COUNTY, WISCONSIN.

RELOCATION ORDER IH-41 APPLETON-DE PERE STH 96 - CTH F OUTAGAMIE & BROWN COUNTIES

TO PROPERLY ESTABLISH, LAY OUT, WIDEN, ENLARGE, EXTEND, CONSTRUCT, RECONSTRUCT, IMPROVE, OR MAINTAIN A PORTION OF THE HIGHWAY DESIGNATED ABOVE, THE STATE OF WISCONSIN DEPARTMENT OF TRANSPORTATION DEEMS IT NECESSARY TO RELOCATE OR CHANGE SAID HIGHWAY AND ACQUIRE CERTAIN LANDS AND INTERESTS OR RIGHTS IN LANDS FOR THE ABOVE PROJECT.

TO EFFECT THIS CHANGE, PURSUANT TO AUTHORITY GRANTED UNDER SECTION 84.02 (3), 84.09, AND 84.30, WISCONSIN STATUTES, THE DEPARTMENT OF TRANSPORTATION HEREBY ORDERS THAT:

1. THAT PORTION OF SAID HIGHWAY AS SHOWN ON THIS PLAT IS LAID OUT AND ESTABLISHED TO THE LINES AND WIDTHS AS SO SHOWN FOR THE ABOVE PROJECT.
2. THE LANDS OR INTERESTS OR RIGHTS IN LANDS AS SHOWN ON THIS PLAT ARE REQUIRED BY THE DEPARTMENT FOR THE ABOVE PROJECT AND SHALL BE ACQUIRED IN THE NAME OF THE STATE OF WISCONSIN, PURSUANT TO THE PROVISIONS OF SECTION 84.09 (1) OR (2), WISCONSIN STATUTES.

POSITIONS SHOWN ON THIS PLAT ARE WISCONSIN COORDINATE REFERENCE SYSTEM COORDINATES (WISCRS), OUTAGAMIE COUNTY, NAD83 (2011) IN US SURVEY FEET. VALUES SHOWN ARE GRID COORDINATES, GRID BEARINGS, AND GRID DISTANCES. GRID DISTANCES MAY BE USED AS GROUND DISTANCES.

ALL NEW RIGHT-OF-WAY MONUMENTS WILL BE TYPE 2 (TYPICALLY 1" X 24" IRON PIPES), UNLESS OTHERWISE NOTED, AND WILL BE PLACED PRIOR TO THE COMPLETION OF THE PROJECT.

EXISTING ACCESS CONTROL FOR IH-41 ESTABLISHED FROM PREVIOUS PROJECT T03-2(28), 4650-08-21 - 4.04 AMEND. 3, 4650-08-21 - 4.07 AMEND. 2.

EXISTING ACCESS CONTROL FOR STH 55/DELANGLADE ROAD ESTABLISHED FROM PREVIOUS PROJECT T03-2(28), 4650-08-21 - 4.04 AMEND. 3, 4650-08-21 - 4.07 AMEND. 2.

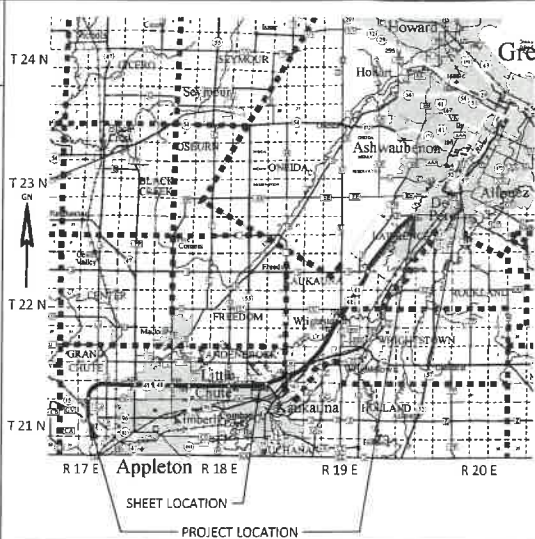
EXISTING RIGHT-OF-WAY FOR IH-41 ESTABLISHED FROM PREVIOUS PROJECTS T03-2(28), 1130-42-00, 4650-08-21 - 4.04 AMEND. 3, 4650-08-21 - 4.05 AMEND. 1, 4650-08-21 - 4.08 AMEND. 2, 4650-08-21 - 4.10 AMEND. 1, 4650-08-21 - 4.11 AMEND. 1.

EXISTING RIGHT-OF-WAY FOR STH 55/DELANGLADE STREET ESTABLISHED FROM PREVIOUS PROJECTS T03-2(28), 1130-42-00, 4650-08-21 - 4.04 AMEND. 3, 4650-08-21 - 4.05 AMEND. 1, 4650-08-21 - 4.07 AMEND. 2.

FOR THE CURRENT ACCESS/DRIVEWAY INFORMATION, CONTACT THE PLANNING UNIT OF THE WISCONSIN DEPARTMENT OF TRANSPORTATION OFFICE IN GREEN BAY.

USH 41 IN OUTAGAMIE/BROWN COUNTIES WAS DESIGNATED AS A FREEWAY UNDER SECTION 84.295 OF WISCONSIN STATUTES BY THE HIGHWAY COMMISSION ON 6/8/1972.

SECTION CORNERS AND EXISTING MONUMENTATION WERE PROVIDED BY THE DEPARTMENT AND JT ENGINEERING, INC. FINAL R/W MONUMENTATION TO BE PROVIDED BY JT ENGINEERING, INC.



UTILITY INTERESTS REQUIRED		
UTILITY NUMBER	UTILITY OWNER(S)	INTERESTS REQUIRED
519	CITY OF KAUKAUNA - SANITARY	RELEASE OF RIGHTS

SEE SHEET 2 OF 2 FOR COURSE TABLE, STATION OFFSET TABLES, CURVE AND UTILITY AGREEMENT WISCONSIN STATUTES TABLE

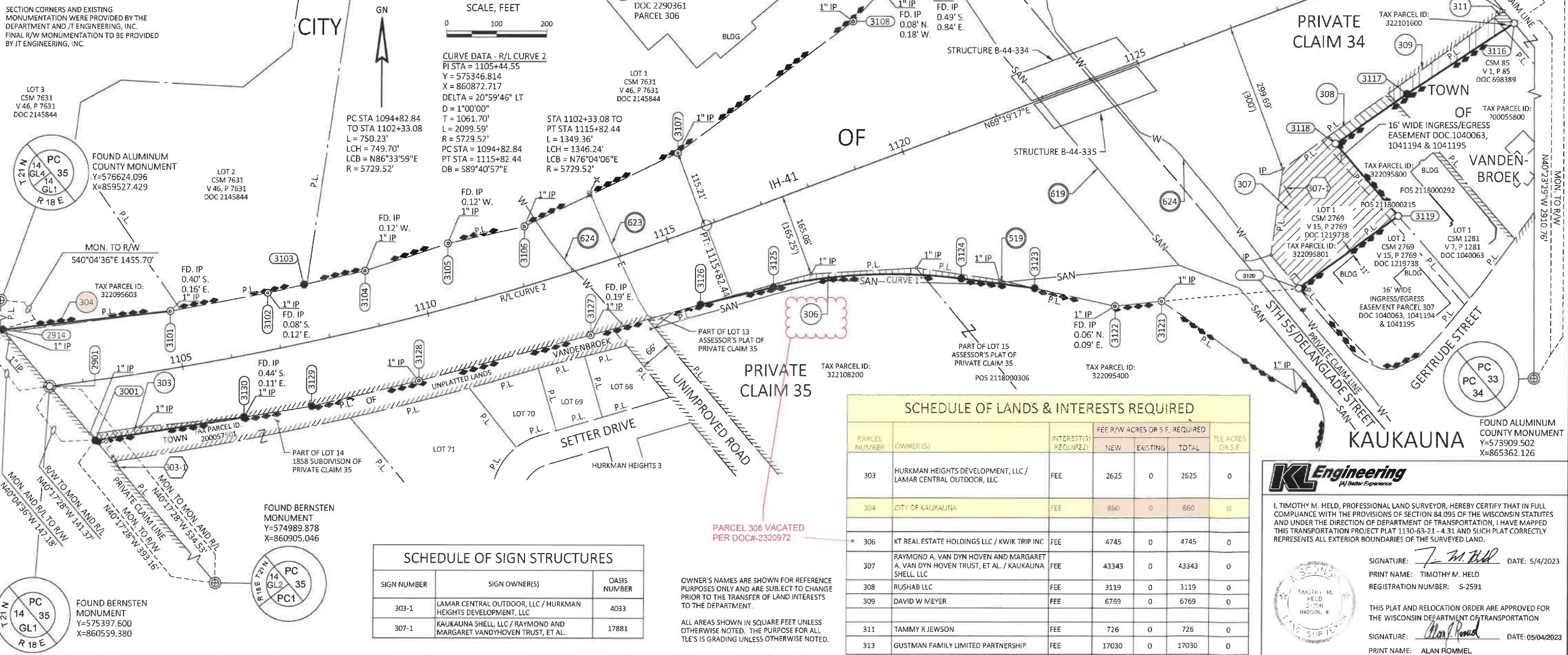
FOUND ALUMINUM COUNTY MONUMENT
Y=581243.845
X=859122.033

FOR ADDITIONAL INFORMATION REFER TO THE TITLE SHEET RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS IN OUTAGAMIE COUNTY AS SHEET 2 OF 2 OF DOCUMENT #2288266.

Document #: 2291927
Date: 05-04-2023 Time: 1:12 PM
Pages: 2 Fee: \$25.00
County: OUTAGAMIE COUNTY State: WI

SARAH R VAN CAMP, REGISTER OF DEEDS
This document has been electronically recorded
Return to:
WisDOT - NE Region - Green Bay - PO#39500-000002

RESERVED FOR REGISTER OF DEEDS
PROJECT NUMBER: 1130-63-21 - 4.31
SHEET 1 OF 2
AMENDMENT NO.



TRANSPORTATION PROJECT PLAT NO: 1130-63-21 - 4.33
AMENDMENT NO. 1

AMENDS PARCEL 304 OF TRANSPORTATION PROJECT PLAT 1130-63-21 - 4.33 RECORDED AS DOCUMENT 2291899.
THAT PART OF LOTS 7, 8 AND 9, KAUKAUNA INDUSTRIAL PARK NORTH PHASE I, LOCATED IN PRIVATE CLAIM 3, PART OF LOTS 4, 5, 6 AND 7 AND OUTLOT 1, KAUKAUNA INDUSTRIAL PARK NORTH PHASE I, PART OF VACATED TOWER DRIVE LOCATED IN GOVERNMENT LOT 1 AND PART OF LOT 3 AND OUTLOT 1, KAUKAUNA INDUSTRIAL PARK NORTH PHASE I, LOCATED IN THE NE 1/4 OF THE SE 1/4 OF SECTION 12, T21N, R18E, CITY OF KAUKAUNA, OUTAGAMIE COUNTY, WISCONSIN.

RELOCATION ORDER IH-41 APPLETON-DE PERE STH 96 - CTH F OUTAGAMIE & BROWN COUNTIES

TO PROPERLY ESTABLISH, LAY OUT, WIDEN, ENLARGE, EXTEND, CONSTRUCT, RECONSTRUCT, IMPROVE, OR MAINTAIN A PORTION OF THE HIGHWAY DESIGNATED ABOVE, THE STATE OF WISCONSIN DEPARTMENT OF TRANSPORTATION DEEMS IT NECESSARY TO RELOCATE OR CHANGE SAID HIGHWAY AND ACQUIRE CERTAIN LANDS AND INTERESTS OR RIGHTS IN LANDS FOR THE ABOVE PROJECT.

TO EFFECT THIS CHANGE, PURSUANT TO AUTHORITY GRANTED UNDER SECTION 84.02 (3), 84.09, AND 84.30, WISCONSIN STATUTES, THE DEPARTMENT OF TRANSPORTATION HEREBY ORDERS THAT:
1. THAT PORTION OF SAID HIGHWAY AS SHOWN ON THIS PLAT IS LAID OUT AND ESTABLISHED TO THE LINES AND WIDTHS AS SO SHOWN FOR THE ABOVE PROJECT.
2. THE LANDS OR INTERESTS OR RIGHTS IN LANDS AS SHOWN ON THIS PLAT ARE REQUIRED BY THE DEPARTMENT FOR THE ABOVE PROJECT AND SHALL BE ACQUIRED IN THE NAME OF THE STATE OF WISCONSIN, PURSUANT TO THE PROVISIONS OF SECTION 84.09 (1) OR (2), WISCONSIN STATUTES.

POSITIONS SHOWN ON THIS PLAT ARE WISCONSIN COORDINATE REFERENCE SYSTEM COORDINATES (WISCRS), OUTAGAMIE COUNTY, NAD83 (2011) IN US SURVEY FEET. VALUES SHOWN ARE GRID COORDINATES, GRID BEARINGS, AND GRID DISTANCES. GRID DISTANCES MAY BE USED AS GROUND DISTANCES.

ALL NEW RIGHT-OF-WAY MONUMENTS WILL BE TYPE 2 (TYPICALLY 1" X 24" IRON PIPES), UNLESS OTHERWISE NOTED, AND WILL BE PLACED PRIOR TO THE COMPLETION OF THE PROJECT.

EXISTING ACCESS CONTROL FOR IH-41 ESTABLISHED FROM PREVIOUS PROJECT T03-2(28).

EXISTING RIGHT-OF-WAY FOR IH-41 ESTABLISHED FROM PREVIOUS PROJECTS T03-2(28), 1130-42-00, CITY OF KAUKAUNA INDUSTRIAL PARK NO. 1, KAUKAUNA INDUSTRIAL PARK NORTH PHASE I.
EXISTING RIGHT-OF-WAY FOR TOWER DRIVE ESTABLISHED FROM CITY OF KAUKAUNA INDUSTRIAL PARK NO. 1, CSM 3313, CSM 5202, CSM 7081.

FOR THE CURRENT ACCESS/DRIVEWAY INFORMATION, CONTACT THE PLANNING UNIT OF THE WISCONSIN DEPARTMENT OF TRANSPORTATION OFFICE IN GREEN BAY.

USH 41 IN OUTAGAMIE/BROWN COUNTIES WAS DESIGNATED AS A FREEWAY UNDER SECTION 84.295 OF WISCONSIN STATUTES BY THE HIGHWAY COMMISSION ON 6/8/1972.

TLE STATION & OFFSET TABLE		
POINT	STATION	OFFSET
T3330	1178+33.96	197.32' RT
T3331	1178+18.35	194.59' RT
T3332	1178+10.46	182.34' RT
T3333	1172+97.06	110.00' RT
T3334	1172+17.08	133.00' RT
T3335	1171+19.92	133.00' RT
T3336	1171+19.57	110.00' RT
T3337	1168+47.06	130.45' LT
T3338	1174+07.33	127.00' LT
T3339	1174+52.06	125.00' LT
T3340	1172+37.33	132.23' LT
T3341	1173+17.33	127.00' LT

R/W STATION OFFSET TABLE		
POINT	STATION	OFFSET
3209	1152+78.30	122.14' LT
3210	1153+60.18	110.00' RT
3201	1178+37.80	187.15' RT
3202	1173+99.43	110.00' RT
3207	1162+37.06	123.00' LT
3208	1166+37.06	133.00' LT
3209	1172+97.06	125.00' LT
3211	1177+99.43	125.00' LT
3212	1178+82.31	137.39' LT
3213	1179+66.99	155.62' LT
3250	1153+21.38	0.00'
3250	1179+08.33	0.00'

COURSE TABLE		
COURSE	BEARING	DISTANCE
3301-3302	S79° 18' 10" W	445.10'
3302-3210	S69° 19' 17" W	2039.26'
3210-3209	N40° 06' 26" W	246.15'
3209-3307	N69° 16' 12" E	958.76'
3307-3308	N67° 53' 22" E	400.12'
3308-3309	N70° 00' 57" E	660.05'
3309-3311	N69° 19' 17" E	502.37'
3311-3312	N60° 49' 05" E	83.80'
3312-3313	N57° 10' 16" E	86.61'

SCHEDULE OF LANDS & INTERESTS REQUIRED						
PARCEL NUMBER	OWNER(S)	INTEREST(S) REQUIRED	FEE R/W ACRES OR S.F. REQUIRED			TLE ACRES OR S.F.
			NEW	EXISTING	TOTAL	
304	CITY OF KAUKAUNA	FEE, TLE	315	0	315	1404
321	LAKELAND INVESTORS, INC.	FEE	147	0	147	0
322	K R ASSOCIATES OF KAUKAUNA, LLC	FEE	6985	0	6985	0
323	MELCHERT PROPERTIES, LLC	FEE	4705	0	4705	0
324	UNITED INVESTMENTS, INC.	FEE	5464	0	5464	0
326	WAUSAU LIMITED PARTNERSHIP	FEE, TLE	8279	0	8279	438
327	EAST LINE INDUSTRIAL LLC	TLE	0	0	0	3393
330	D & S LEASING OF KAUKAUNA, LLC	FEE	215	0	215	0

OWNER'S NAMES ARE SHOWN FOR REFERENCE PURPOSES ONLY AND ARE SUBJECT TO CHANGE PRIOR TO THE TRANSFER OF LAND INTERESTS TO THE DEPARTMENT.

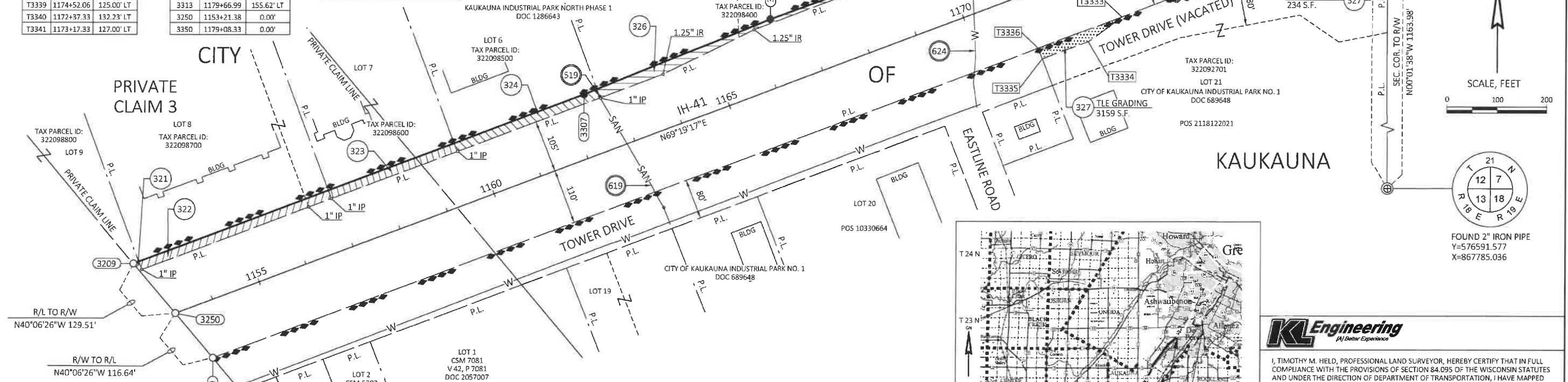
ALL AREAS SHOWN IN SQUARE FEET UNLESS OTHERWISE NOTED. THE PURPOSE FOR ALL TLE'S IS GRADING UNLESS OTHERWISE NOTED.

SECTION CORNERS AND EXISTING MONUMENTATION WERE PROVIDED BY THE DEPARTMENT AND JT ENGINEERING, INC. FINAL R/W MONUMENTATION TO BE PROVIDED BY JT ENGINEERING, INC.

UTILITY INTERESTS REQUIRED		
UTILITY NUMBER	UTILITY OWNER(S)	INTERESTS REQUIRED
502	AT&T WISCONSIN	RELEASE OF RIGHTS
503	SECTRUM	RELEASE OF RIGHTS
509	WE ENERGIES - GAS/PETROLEUM	RELEASE OF RIGHTS
519	CITY OF KAUKAUNA - SANITARY	RELEASE OF RIGHTS
523	KAUKAUNA UTILITIES - ELECTRIC	RELEASE OF RIGHTS
524	KAUKAUNA UTILITIES - WATER	RELEASE OF RIGHTS

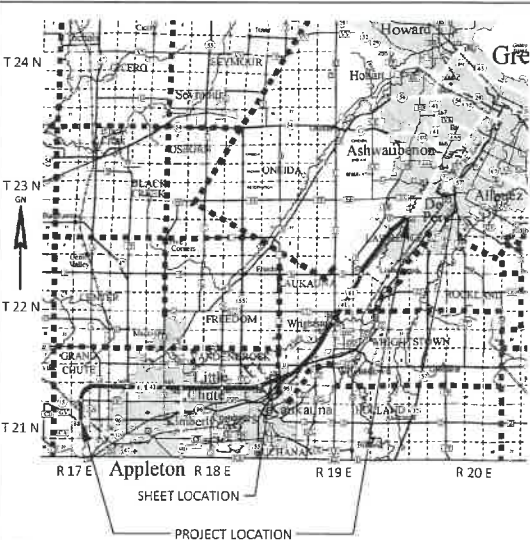
519 CITY OF KAUKAUNA - SANITARY
DOC 1286643
PARCELS 324 & 326

GOV'T LOT 1
SEC 12



UTILITY AGREEMENT WISCONSIN STATUTES

UTILITY NUMBER	OWNER(S)	STATUTES NUMBER
619	CITY OF KAUKAUNA - SANITARY	84.295(4m)
624	KAUKAUNA UTILITIES - WATER	84.295(4m)



KL Engineering
(A Better Experience)

I, TIMOTHY M. HELD, PROFESSIONAL LAND SURVEYOR, HEREBY CERTIFY THAT IN FULL COMPLIANCE WITH THE PROVISIONS OF SECTION 84.095 OF THE WISCONSIN STATUTES AND UNDER THE DIRECTION OF DEPARTMENT OF TRANSPORTATION, I HAVE MAPPED THIS TRANSPORTATION PROJECT PLAT 1130-63-21 - 4.33 AMENDMENT NO. 1 AND SUCH PLAT CORRECTLY REPRESENTS ALL EXTERIOR BOUNDARIES OF THE SURVEYED LAND.

SIGNATURE: *T. M. Held* DATE: 9/29/2025
PRINT NAME: TIMOTHY M. HELD
REGISTRATION NUMBER: S-2591

THIS PLAT AND RELOCATION ORDER ARE APPROVED FOR THE WISCONSIN DEPARTMENT OF TRANSPORTATION
SIGNATURE: *Trevin Peters* DATE: 9/29/2025
PRINT NAME: TREVIN PETERS