

Request to Make a
Deputation/Presentation to
Council/Committee
City of Kawartha Lakes
City Clerk's Office
26 Francis Street, PO Box 9000
Lindsay, ON K9V 5R8
705-324-9411

Name: *	The state of the s	
MORLEY BRADE	30 RN	
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Address: *		
195 LOUISA ST.	-	
City/Town/Village:	Province: *	Postal Code:
FENELON FAWS	OUT	
Telephone: *	Email: *	gins various regulations of the
organ Per	i in produces si	the contract of
There can be maximum of two speakers for each d who will be speaking. The names that are listed he	leputation. Please list the ere will be included on the	name(s) of the individual(s) Council Meeting Agenda: *
MORLEY BRAZ	BURN	
Diseas provide details of the matter to which you	wish to speak: *	

PROPERTY ON LOUISAST. AT STREAMBOUGHT PROPERTY IN 1963—
1 HAD 2 COLVERTS INSTALLED TO
ACCESS PROPERTY— NEW CONCERNETE
CULVERTS ACROSS BOAD IN STALLED
THIS YEAR— REMOVED MY CULVERTS
4 NOW NO ACCESS TO MY PROPERTY OF
I WOULD LIKE TO TRANSFER OWNERSHIP
TO THE CITY AT NO CHARGE & GIVE TO
ME A CERTIFICATE FOR 65000 FOR —9

What action are you hoping will result from your presentation/deputation?\*

A CERTIFICHTE FOR THE PAMOUNT
OF 16500 TOR INCOME TAX

PURPOSES DITHER WISE REPLACE
MY 2 COULVERIS BY CUTTING THE
NEW GUARD RAILS AT A MUCH
LARGER EXPENSE FOR THE CITY

Signature:

Date:

A CERTIFICHTE FOR THE PAMOUNT
OF 16500 TORS

DATE:

DATE:

DATE:

DATE:

A COULVERIS BY CUTTING THE

OF 16500 TORS

DATE:

Please complete this form and return to the City Clerk's Office: Fax: 705-324-8110 Email: agendaltems@kawarthalakes.ca

The personal information is being collected by the City of Kawartha Lakes for the principal purpose of a request to make a deputation to Committee or Council pursuant to Section 10 of City of Kawartha Lakes By-law 2014-266. This information may be circulated to members of Council, staff and the general public. Questions about the collection of this information should be directed to the City Clerk or Deputy Clerk at 705 324-9411 ext. 1295 or 1322.

INCOME TAX PURPOSES.