



# Request to Speak before Council

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: \***

David Hodgson

**Address: \***

485 Burnt River Road

**City/Town/Village:**

Burnt River

**Province: \***

Ontario

**Postal Code:**

K0M 1C0

**Telephone: \***

705-878-6424

**Email: \***

hodgson2953@gmail.com

There can be a maximum of two speakers for each deputation. Please list the name(s) of the individual(s) who will be speaking. The names that are listed here will be included on the Council Meeting Agenda.

**Deputant One:**

David Hodgson

**Deputant Two:**

First Name, Last Name

**Please provide details of the matter to which you wish to speak: \***

Side By Side ATV's on VRTC

This deputation is in response to a direction of Council for input from user groups and stakeholders. Members of the Somerville Forest Tract User Group which includes members from KATVA, KLSC, OTRA, KLCC, Ontario Field Naturalists, and adjacent landowners. Our group formed a committee and have completed a report on the preferred use of Side by Side ATV's in response to Council's direction.

As debutant, I would like to present our report to Council. Extensive work has gone into this report outlining the direction that, we, as a group feel best suits the needs of the municipality, stakeholders and the public.

If possible a Council of the Whole meeting would be preferable where all members would be present to question and discuss this important response to their direction. If possible, the March meeting would be preferable.

Thanking you in advance

Please attach any additional supporting documents you wish to provide and submit with this completed form.

**Have you discussed this matter with City Staff?**

☒ Yes

☐ No

**If yes, Which department and staff member(s) have you spoken to?**

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

Implementation in whole or in part of our recommendations as they will enhance tourism, economic development as well as providing safety for users through our risk management proposals.

By signing this form you are acknowledging that all of the information you are providing on this form is true, and giving the City permission to collect your personal information for the principal purpose of a request to make a deputation to Committee or Council as outlined below.

**Signature:**

**Date:**

2/11/2019



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 the City's procedural by-law. This information, including all attachments submitted may be circulated to members of Council, staff, the general public and posted on the City website. 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.

**Do you understand how your information will be used and agree to allow the City to use your personal information provided on this form, including any attachments for the purposes of requesting to make a deputation to Committee or Council? \***



Yes

Please complete this form and return to the City Clerk's Office by submitting it online or:

Fax: 705-324-8110 Email: [agendaitems@kawarthalakes.ca](mailto:agendaitems@kawarthalakes.ca)