

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: *		
Stephanie Landers		
Address: *		14.14
380 Armour Road, Suite 264		11 20 1 1
City/Town/Village:	Province: *	Postal Code:
Peterborough	Ontario	K9H7L7
Telephone: *	Email: *	
705-743-1500	slanders@owa.ca	
There can be a maximum of two speake who will be speaking. The names that an Deputant One:	ers for each deputation. Please list the re listed here will be included on the	ne name(s) of the individual(s Council Meeting Agenda.
Stephanie Landers		
Deputant Two:		
First Name, Last Name		

S
m is true, equest to

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?*

