

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: *	
LORNE GRORGE	
Address: *	
29 BARRON FLVD.	
City/Town/Village:	Province: * Postal Code:
LINDSAY	ON. Kavoct
(A book of the second	and the second s
Telephone: *	Email: *
905-955-8671	lorreccorge@gmaic.c
There can be maximum of two speakers for each dep who will be speaking. The names that are listed here	putation. Please list the name(s) of the individual(s) a will be included on the Council Meeting Agenda: *
LORNE GEORGE	
PAT DINEIL	
Please provide details of the matter to which you wis	sh to speak: *
condition of St.	DAVID St., and
Consition of St., RESURFACING Plan	/ schodule.

Signature:

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

Signature:

Date:

Signature:

May 31/19

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