



# 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: \***

**Address: \***

**City/Town/Village:**

**Province: \***

**Postal Code:**

**Telephone: \***

**Email: \***

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:**

**Deputant Two:**

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

I am a Health Promoter with the HKPR District Health Unit, based from our Haliburton office. I am the project lead for our Climate Change Health Vulnerability and Adaptation Assessment. The purpose of the project is to identify how the health of HKPR's population is and will be affected by climate change now and in the future, and how both the health unit and community can respond to ensure people, especially those who are most vulnerable, can adapt. I would like to speak to council to:

- inform them about our project and its objectives
- share some preliminary findings projected climate changes and health impacts
- identify how our project aligns with and supports the city's Healthy Environments Plan (note: I was the HKPR representative on the HE working group so am familiar with this plan)

I will have a powerpoint presentation to speak to - It's not quite finalized, so please let me know where to send it when complete.

I am requesting to speak at the next Committee of the Whole meeting on October 8.

Thank you.

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? \***

I will be requesting that council designate a staff liaison with whom I can communicate progress and discuss opportunities for future collaboration

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:**

Sue Shikaze

**Date:**

9/12/2019



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)

