

KAWARTHA LAKES



# 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

RECEIVED

SEP 17 2019

OFFICE OF THE CITY CLERK  
KAWARTHA LAKES

Name: \*

JIM GARBUTT

Address: \*

231 CEDAR GLEN RD

City/Town/Village:

COKL DUNSFORD

Province: \*

ONT

Postal Code:

K0M1L0

Telephone: \*

705-928-2956

Email: \*

JLGARBUTT@SYMPHONY.CA

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:

JIM GARBUTT

Deputant Two:

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

- TO PROVIDE SUPPLEMENTAL INFORMATION REGARDING HISTORICAL + HERITAGE ELEMENTS RELATING TO #3 ST DAVID ST + #4 AVERVIEW RD LINDSAY WHICH WERE THE TOPIC OF COMMITTEE OF THE WHOLE REPORT # ED 2019-017 AND AN AGENDA ITEM AT THE SEPTEMBER 10, 19 C.O.K.L MEETING OF COMMITTEE OF THE WHOLE
- TO EXPLAIN THE ROLE AND RESPONSIBILITIES OF THE KAWAIAWA LAKES MUNICIPAL HERITAGE COMMITTEE
- TO BE AVAILABLE TO ANSWER ANY QUESTIONS FROM COUNCIL ON ANY OF THE ABOVE

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 - AT MUNICIPAL HERITAGE COMMITTEE MEETINGS WITH FORMER ECONOMIC DEVELOPMENT OFFICER AND CULTURE + HERITAGE, DEBRAA SCULLE
- No - RECENT CONVERSATIONS WITH EMILY TURNER, ECONOMIC DEVELOPMENT OFFICER - HERITAGE PLANNING

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

SEE ABOVE

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

THAT CITY COUNCIL WILL CONSIDER MY COMMENTS / INFORMATION BEFORE ARRIVING AT A FINAL DECISION REGARDING THE MATTERS OF #3 ST DAVID ST + #4 AVERVIEW ROAD, LINDSAY

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:**

SEPT 17/19

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)