

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: *					
Deborah Pearson					
Address: *					
6 Fallingbrook Cres.					
City/Town/Village:	Province: *	Postal Code:			
Lindsay	On	K9V0B3			
Telephone: *	Email: *				
705-934-4472	dpearsop@gmail.	dpearsop@gmail.com			
There can be a maximum of two spea who will be speaking. The names tha Deputant One:	akers for each deputation. Please list the t are listed here will be included on the C	e name(s) of the individual(s) Council Meeting Agenda.			
Deborah Pearson					
Deputant Two:					
First Name, Last Name					

Please provide details	of the matter to which you wish to speak: *	
	ition on behalf of the Environmental Advisory Con e a ban of single use shopping bags, straws and s	
ave you discussed th Yes No	is matter with City Staff?	
) NO		
f ves. Which departme	ent and staff member(s) have you spoken to?	
. ,	ne and stair momber(e) have you oponer to:	1.079 10.000
What action are you ho	pping will result from your presentation/depu	itation? *
Council will pass the re	solution to ban plastic shopping bags, straws and	d styrofoam in CKL.

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.

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Deborah Pearson

Date:

10/25/2019



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