

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: *			
Mike Walters			
Address: *			
120 Bayview Parkway			
City/Town/Village:	Province: *	Postal Code:	
Newmarket	Ontario	L3Y 3W3	
Telephone: *	Email: *	Email: *	
	s.ingott@isrca.on.ca	s.ingott@isrca.on.ca	
There can be maximum of two speakers who will be speaking. The names that at Mike Walters, CAO, Lake Simcoe Region Con	re listed here will be included on th	e name(s) of the individual(s) e Council Meeting Agenda: *	
Please provide details of the matter to v	which you wish to speak: *		
Mike would like to provide a brief outline of our	r 2020 Budget Companion document (Pov	werPoint).	

Information only.		
Signature:	Date:	
Mchaell	July 2, 2020	

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

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.