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: *

Dave Sturtevant

Address: *

146 Francis St E

City/Town/Village:

Fenelon Falls

Province: *

ON

Postal Code:

Telephone: *

705-887-0953

Email: *

bevsturtevant@hotmail.com

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:

Dave Sturtevant

Deputant Two:

First Name, Last Name

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

Disposition of City Owned Property on Juniper Street, Fenelon Falls

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? *

preference would be to have the By-law authorizing the sale to FCHI defeated & our only parkland preserved - the only public parkland in the south side of the Village

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:

Dave Sturtevant

Date:

11/12/2020

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 agree to the publication of your name and contact information on the City's website and the City Council agenda? *

- (•) Yes
- ( ) No

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