

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: *		
Darryl James		
Address: *		
City/Town/Village:	Province: *	Postal Code:
Telephone: *	Email: *	
There can be a maximum of two speaker who will be speaking. The names that are		
Deputant One:		
Darryl James		
Deputant Two:		
First Name, Last Name		

Please provide	e details of the matter to which you wish to speak: *
Lindsay ATV I	Route
Please attach a form.	ny additional supporting documents you wish to provide and submit with this completed
Have you disc	sussed this matter with City Staff?
Yes	
Ō No	
If yes, Which o	department and staff member(s) have you spoken to?

What action are you hoping will result from your presentation/deputation? *	
Council consideration of deputation	
By signing this form you are acknowledging that all of the information you are providing and giving the City permission to collect your personal information for the principal purpose a deputation to Committee or Council as outlined below. Signature:	
Darryl James	
Date:	
8/24/2021	m
The personal information is being collected by the City of Kawartha Lakes for the princed request to make a deputation to Committee or Council pursuant to the City's procedurinformation, including all attachments submitted may be circulated to members of Council public and posted on the City website. Questions about the collection of this information to the City Clerk or Deputy Clerk at 705 324-9411 ext. 1295 or 1322.	ral by-law. This uncil, staff, the general
Do you agree to the publication of your name and contact information on the the City Council agenda? *	e City's website and

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