

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: *	
Tim Catik	
Address: *	
City/Town/Village:	Province: * Postal Code:
Telephone: *	Email: *
Telephone.	A Linear.
TI.	
	n 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: *
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	you hoping will result from your presentation/deputation?*	
we are 'retains use the For o	noping that the results will be that the the building lots and in near fut is land and and green space as a four Community.	or Cit
Signature;	Date;	
Tim	Sapt, 19/2017.	
Please cor	nplete this form and return to the City Clerk's Office:	
	24-8110 Email: agendaitems@kawarthalakes.ca	
make a deputation Information may be	mation is being collected by the City of Kawartha Lakes for the principal purpose of a requito Committee or Council pursuant to Section 10 of City of Kawartha Lakes By-law 2014-26 circulated to members of Council, staff and the general public. Questions about the collepuld be directed to the City Clerk or Deputy Clerk at 705 324-9411 ext. 1295 or 1322.	6. Thi
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