



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: *

Michael Bissett

Address: *

3 church street, Suite 200

City/Town/Village:

Toronto

Province: *

Ontario

Postal Code:

M5E1M2

Telephone: *

4169036950

Email: *

mbissett@bousfields.ca

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:

Nicholas Macos

Deputant Two:

Michael Bissett

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

We would like to speak on item CAO2021-010 from the October 5th, 2021 Committee of the Whole regarding the Flato MZO request. We are going to be speaking in support of this MZO request.

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? *

Council support for the MZO request

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:

Michael Bissett

Date:

10/13/2021



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 contact information (including your address, telephone number and email) on the City's website as part of a meeting 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