



# 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: \***

Kerrie Bartlett

**Address: \***

177 Bury's Green Rd

**City/Town/Village:**

Fenelon Falls

**Province: \***

Ontario

**Postal Code:**

K0M1N0

**Telephone: \***

[Redacted]

**Email: \***

[Redacted]

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:**

Kerrie Bartlett

**Deputant Two:**

First Name, Last Name

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

Provide a deputation at the May 4th Committee of a Whole meeting Regarding Opening Roads to ATV travel and the road link through Lindsay

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? \***

Support by the Committee to recommend a bylaw to allow ATV's on roads south of County Rd 8 and through Lindsay and Bobcaygeon

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**Signature:**

Kerrie Bartlett

**Date:**

4/25/2021



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**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:  
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705-324-9411

**Name: \***

George Pineau

**Address: \***

67 Victoria Ave. N.

**City/Town/Village:**

Lindsay

**Province: \***

Ontario

**Postal Code:**

K9V 4G6

**Telephone: \***

**Email: \***

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**Deputant One:**

George Pineau

**Deputant Two:**

Jamie Morris

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

The Off Road Vehicle Task Force's recommendations are coming to Council at the May 4th Committee of the Whole ZOOM meeting. We want to outline to Council our concerns about how those recommendations were arrived at. We also want to outline some facts and arguments that we're hoping Council will keep in mind as it decides whether or not to adopt the Task Force recommendations.

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? \***

We are hoping Council will decide to retain current bylaw 2019 - 077 (A By-Law to Regulate the Operation of ATVs and ORVs in the City of Kawartha Lakes) and not permit Off Road Vehicles on any additional CKL roads.

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**Signature:**

George Pineau

**Date:**

4/27/2021



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**Name: \***

Peter Petrosoniak

**Address: \***

19 Francis Street

**City/Town/Village:**

Lindsay

**Province: \***

ON

**Postal Code:**

K9V 3R7

**Telephone: \***

[REDACTED]

**Email: \***

[REDACTED]

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**Deputant One:**

Peter Petrosoniak

**Deputant Two:**

First Name, Last Name

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

ORV Task Force recommendations

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? \***

I wish to emphasize the safety and health concerns regarding this issue and want to ask Council to retain the present 2019 ORV by-law and to not adopt the ORV Task Force recommendations.

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**Signature:**

I attest to signing this electronically

**Date:**

4/28/2021



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**Name: \***

Heather Stauble

**Address: \***

[Redacted Address]

**City/Town/Village:**

Pontypool

**Province: \***

ON

**Postal Code:**

L0A 1K0

**Telephone: \***

[Redacted Telephone]

**Email: \***

[Redacted Email]

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**Deputant One:**

Heather Stauble

**Deputant Two:**

First Name, Last Name

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

Speak to Council regarding recommendations in Report PW2021-002 ORV Task Force

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? \***

Consideration of Report PW2021-002 Off Road Vehicle Task Force Recommendations

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:**

Heather Stauble

**Date:**

4/29/2021



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705-324-9411

**Name: \***

WILLIAM STEFFLER

**Address: \***

9 NORDALE COURT

**City/Town/Village:**

LINDSAY

**Province: \***

ON

**Postal Code:**

K9V 4V4

**Telephone: \***

[REDACTED]

**Email: \***

[REDACTED]

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**Deputant One:**

WILLIAM STEFFLER

**Deputant Two:**

First Name, Last Name

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

RE: Report PW2021-002 Off Road Vehicle Task Force Recommendations

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? \***

That Council will disagree with the Task Force Recommendations and take appropriate steps.

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**Signature:**

WILLIAM STEFFLER

**Date:**

4/29/2021



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☐ No

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705-324-9411

**Name: \***

lesley barrett

**Address: \***

77 Wellington St

**City/Town/Village:**

Lindsay

**Province: \***

ON

**Postal Code:**

K9V 3N8

**Telephone: \***

**Email: \***

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:**

Lesley Barrett

**Deputant Two:**

First Name, Last Name

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

I wish to speak on the matter of the ORV Task Force motion to allow access to municipal roads in CKL

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? \***

I am looking for council to defeat any motion that allows ATV/SBS on the roads of Lindsay

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**Signature:**

Lesley Barrett

**Date:**

4/30/2021



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705-324-9411

**Name: \***

Peter Petrosioniak

**Address: \***

19 Francis Street

**City/Town/Village:**

Lindsay

**Province: \***

ON

**Postal Code:**

K9V 3R7

**Telephone: \***

[Redacted]

**Email: \***

[Redacted]

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:**

Peter Petrosioniak

**Deputant Two:**

First Name, Last Name

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

ORV road use issue

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? \***

Deny ORV road use in the cKL

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**Signature:**

**Date:**

5/26/2021



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**Name: \***

WILLIAM STEFFLER

**Address: \***

9 NORDALE COURT

**City/Town/Village:**

LINDSAY

**Province: \***

ON

**Postal Code:**

K9V 4V4

**Telephone: \***

[REDACTED]

**Email: \***

[REDACTED]

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:**

WILLIAM STEFFLER

**Deputant Two:**

First Name, Last Name

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

ORV use in Lindsay and Bobcaygeon. I believe that is items 9.1 and 9.2

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? \***

That there will be no ORV's in urban areas and that the existing ORV bylaw will stay in place.

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**Signature:**

WILLIAM STEFFLER

**Date:**

5/27/2021



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☐ No

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705-324-9411

**Name: \***

Paul Steffler

**Address: \***

35 Brackendale Trail

**City/Town/Village:**

Lindsay

**Province: \***

ON

**Postal Code:**

K9V 0M2

**Telephone: \***

[REDACTED]

**Email: \***

[REDACTED]

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:**

Paul Steffler

**Deputant Two:**

First Name, Last Name

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

I would like to address concerns regarding the ORV Task Force recommendations for Lindsay and Bobcaygeon, items 9.1 and 9.2. That Council will

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? \***

That Council will retain the current ORV By-law.

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**Signature:**

Paul Steffler

**Date:**

5/27/2021



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**Name: \***

John Speirs

**Address: \***

[Redacted Address]

**City/Town/Village:**

[Redacted City/Town/Village]

**Province: \***

[Redacted Province]

**Postal Code:**

[Redacted Postal Code]

**Telephone: \***

[Redacted Telephone]

**Email: \***

[Redacted Email]

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**Deputant One:**

John Speirs

**Deputant Two:**

First Name, Last Name

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

ORV Task Force 9.1, 9.2

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? \***

That the ORV Task force recommendations are delayed until after the upcoming Trails Master Plan process and recommendations are completed. The ORV Task Force recommendations and the Trails Master Plan are "directly" connected and impact each other materially so it is premature and irresponsible to implement ORV Task Force recommendations and change bylaws in advance of the Trails Master Plan process and recommendations. Further, the ORV Task force has not completed sufficient due diligence concerning Health, Safety, and Urban "Settlement" trail impact issues prior to asking for formal bylaw changes.

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**Signature:**

John Speirs

**Date:**

5/28/2021



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