

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

Please provide details of the matter to which you wish to speak: *
Proposed ATV routes
Please attach any additional supporting documents you wish to provide and submit with this completed form.
Have you discussed this matter with City Staff?
No     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 input		
By signing this form you are acknowledging that all of the information you are providing on the and giving the City permission to collect your personal information for the principal purpose make a deputation to Committee or Council as outlined below.  Signature:		
Heather Stauble		
Date:		
11/3/2021	<b>#</b>	
The personal information is being collected by the City of Kawartha Lakes for the principal prequest to make a deputation to Committee or Council pursuant to the City's procedural by-linformation, including all attachments submitted may be circulated to members of Council, so public and posted on the City website. Questions about the collection of this information should be city Clerk or Deputy Clerk at 705 324-9411 ext. 1295 or 1322.	aw. This taff, the general	
Do you agree to the publication of your contact information (including your addres number and email) on the City's website as part of a meeting agenda? *	s, telephone	
© Yes		

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