

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

	<del>,</del>
Province: *	Postal Code:
Email: *	
eputation. Please list the name re will be included on the Cou	e(s) of the individual(s) ncil Meeting Agenda: *
Please provide details of the matter to which you wish to speak: *	
- LICENSING OF SH RESIDENTIAL P	ORT TERM
	Email: *  Eputation. Please list the name will be included on the Coulomb to speak: *  LICENSING OF SH

What action are you hoping will result from your presentation/deputation?\*

AN INVESTIGATION OF THE EFFECTS OF SMORT FORM RESIDENTS OF CKL RESIDENTIAL RENTAINS ON THE RESIDENTS OF CKL BEYOND THE REPORT PLK-2017-001.

Signature:

BAB Bradena

Date:

5 Oct 2017

Please complete this form and return to the City Clerk's Office: Fax. 705-324-8110 Email: agendaitems@kawarthalakes.ca

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 Section 10 of City of Kawartha Lakes By-law 2014–266. This information may be circulated to members of Council, staff and the general public. 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.