

OCT 05 2017

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

OFFICE OF THE CITY CLERK

| Name: * | KAWAR | THA LAKES | | |
|---|--|---------------------------------------|--------------------------|---|
| CAROL | AIRD | | | |
| Address: * | Terror | | | |
| City/Town/Village: | | | Province: * ONTARIO | Postal Code: |
| Telephone: * | | | Email: * | |
| There can be maximum who will be speaking | mum of two speaker ng. The names that a | s for each deput are listed here w | ation. Please list the n | ame(s) of the individual(s) Council Meeting Agenda: * |
| CARO | L AIRD, | BARRY | HAWE. | |
| | | | _ | |
| :37 | | | | |

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

We wish to speak in support of The Vitw LAKE Residents Petition-Short TERM PROPERTY Rentals. We wish to speak to Council Report #LIC2017-001 Licensing of Short Term Residential Rentals. What action are you hoping will result from your presentation/deputation?*

| To work with the City (Council and staff) to |
|---|
| develop a regulatory framework for Short Term |
| Kentals in order to hestore our neighbourhood |
| to the safe, stable and peaceful community |
| we had known for many years. |

Signature:

Date:

October 5, 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.