

Required fields are marked with asterisks (*)



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

| | 705-324-9411 |
|--------------------|--------------|
| Name: * | |
| Robert MacEachern | |
| Address: * | |
| | |
| City/Town/Village: | |
| | |
| | |

Ontario

Province: *

| Postal Code: |
|---|
| |
| 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: |
| Robert MacEachern |
| Deputant Two: |
| Lynda MacEachern |
| Please provide details of the matter to which you wish to speak: * |
| Speak to the MacEachern Brown Drain |
| |
| Please upload any additional supporting documents you wish to provide. |

Browse...

| Which department and staff member(s) ha | ive you spoken to? |
|---|--|
| Joel Watts | |
| What action are you hoping will result fron presentation/deputation? * | n your |
| That the Drain will move forward as designed by Will functionality of the Eli Budd and Hopkins Award Drain to what they should be. | s Engineering to bring back the n of 1904. To return my farms back |
| By signing this form you are acknowledging that broviding on this form is true, and giving the Cit ersonal information for the principal purpose of a Committee or Council as outlined below. | v permission to collect your |
| AH Was Ealer | |
| | |
| Pate: | |

Have you discussed this matter with City Staff?

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 |
|-----|
| 100 |

O 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

(mailto:agendaitems@city.kawarthalakes.on.ca)

Submit

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P.O. Box 9000, 26 Francis Street Lindsay, ON, K9V 5R8

Telephone: <u>705-324-9411</u> Toll free at <u>1-888-822-2225</u>

After-hours emergencies: 1-877-885-7337

<u>Email Us</u>

With the support of the Government of Canada through the Federal Economic Development Agency for Southern Ontario.

