



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: *

Woodville & District Medical Centre

Address: *

[REDACTED]

City/Town/Village:

[REDACTED]

Province: *

[REDACTED]

Postal Code:

[REDACTED]

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:

Andrew Veale

Deputant Two:

First Name, Last Name

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

I wish to request relief for a high water bill for the Woodville Medical Centre.

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 see fit to provide some relief for a one time high water bill.

How would you like to complete your deputation? *

In Person in Council Chambers

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:

Andrew Veale

Date:

2/18/2023



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 clerks@kawarthalakes.ca.

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

☒ 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