

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

Please provide	e details of the matter to which you wish to speak: *
	is being made to have the Legacy Trail from Lindsay to Ken Reid designated as non- ould like to speak in favour of this.
Please attach ar orm.	ny additional supporting documents you wish to provide and submit with this completed
Have you discı	ussed this matter with City Staff?
ੈ Yes	
No	
lf yes, Which d	epartment and staff member(s) have you spoken to?
lf yes, Which d	epartment and staff member(s) have you spoken to?

What action are you hoping will result from your presentation/deputation? *
To have this stretch of trail designated non-motorized, making it safer for bicyclists, hikers etc. There are other nearby alternatives motorized vehicles could use.
How would you like to complete your deputation? *  Electronically Using Zoom
Electronically Osing Zoom
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:
Ginny Colling
Date:
4/10/2023

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

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

○ No