



# 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: \***

Bill Diamond

**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:**

Bill Diamond

**Deputant Two:**

Rob Parkhurst

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

I would like an opportunity to speak at Council on August 29th at the closed session regarding the retaining wall installed on Lots 74 & 75 Plan 365 in the former Emily Township that has failed in the past due to it being deficient and was fixed by the city. The original part of the wall that had not been fixed is now failing and needs to be replaced. I have spoken with Councillor Ashmore who has been very helpful about getting the city to look into this for me but he was told that it was the owner's responsibility. I have attached the minutes from August 24 1992, highlighting the city's authorization to repair part of the deficiency. This is time sensitive as the rest of the retaining wall could fail at anytime causing structural damage to either house.

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? \***

The city will replace the remaining deficient retaining wall.

**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:**

**Date:**

8/2/2023



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](mailto: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](mailto:agendaitems@kawarthalakes.ca)