



# 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: \***

Daniel Reid

**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:**

Daniel Reid

**Deputant Two:**

First Name, Last Name

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

Re: Request for License Agreement – Fence Encroachment on City-Owned Road Allowance adjacent to 31 Main Street.

The Bobcaygeon Inn submitted a request for a License Agreement. This license agreement would allow us to maintain our enclosure around the hotel and restaurant garbage area.

While we are positive the decision was made in good faith given the existing knowledge of realty services - legal services, we are sure we can alleviate the committees' one stated concern.

The one concern was that the city might damage our enclosure with a snow plow directly or accumulated snow pushed up against it. What the committee might not know is the plow never gets closer than approximately 11.5 feet from our enclosure.

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? \***

With the additional information now provided we wish to enter into a License Agreement paying the city a yearly fee.

**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:**

Daniel Reid

**Date:**

6/6/2023



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)