

## 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.  |             |              |
|--|-------------|--------------|
| Marina Hodson  |             |              |
| Address: *   |             |              |
|  |             |              |
| City/Town/Village:   | Province: * | Postal Code: |
|  |             |              |
| Telephone: *   | Email: *    |              |
|  |             |              |
| There can be a maximum of two speal who will be speaking. The names that |             |              |
| Deputant One:  |             |              |
| Marina Hodson  |             |              |
| Deputant Two:  |             |              |
| Joli Scheidler-Benns   |             |              |

| Update from              | he Poverty Reduction Roundtable on affordable housing.                               |
|--------------------------|--|
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
| Please attach a<br>form. | ny additional supporting documents you wish to provide and submit with this complete |
| Have you disc            | ussed this matter with City Staff?   |
| Yes                      |  |
| No                       |  |
|                          |  |
| f ves. Which             | lepartment and staff member(s) have you spoken to?                                   |
| <b>y</b> ,               |  |
| ,                        |  |

| What action are you hoping will result from your presentation/deputation? *   |  |  |
|---|--|--|
| Information sharing   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| 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:  |  |  |
| Marina Hodson   |  |  |
| Date:   |  |  |
| 10/12/2023  |  |  |
| The personal information is being collected by the City of Kawartha Lakes for the principal purpose of a  |  |  |

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