

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: * | | |
|--|-------------|--------------|
| WILLIAM STEFFLER | | |
| Address: * | | |
| | | |
| City/Town/Village: | Province: * | Postal Code: |
| | | |
| Telephone: * | Email: * | |
| | | |
| There can be a maximum of two speakers for each deputar speaking. The names that are listed here will be included or | | |
| Deputant One: | | |
| WILLIAM STEFFLER | | |
| Deputant Two: | | |
| First Name, Last Name | | |

| ase provide details of the matter to which you wish to speak: * |
|---|
| The ATV Pilot |
| |
| ase attach any additional supporting documents you wish to provide and submit with this completed form. ve you discussed this matter with City Staff? Yes No |
| |
| |
| res, Which department and staff member(s) have you spoken to? |
| |
| at action are you hoping will result from your presentation/deputation? * |
| nat implementation of the ATV Pilot Program will be reconsidered in light of the pending the completion and mplementation of the Active Transportation Master Plan. |

| 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: |
| Bill Steffler |
| Date: |
| 3/1/2024 |
| 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? * |
| C 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 |