

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 e speaking. The names that are listed here will be		
Deputant One:		
William Steffler		
Deputant Two:		
First Name, Last Name		

Please provide details of the matter to which you wish to speak: *	
The ORV Pilot	
Please attach any additional supporting documents you wish to provide and submit with this completed form.	
Have you discussed this matter with City Staff?	
No	
If yes, Which department and staff member(s) have you spoken to?	
What action are you hoping will result from your presentation/deputation? *	
That the recommendations pf the ORV Pilot will not be approved.	

In Person in Co	cil Chambers	
3.33 33		_
	ou are acknowledging that all of the information you are providing on this form is true, and giving th ect your personal information for the principal purpose of a request to make a deputation to as outlined below.	е
Signature:		
Bill Steffler		
Date:		
3/14/2024		
deputation to Comr submitted may be o	ion is being collected by the City of Kawartha Lakes for the principal purpose of a request to make ee or Council pursuant to the City's procedural by-law. This information, including all attachments ulated to members of Council, staff, the general public and posted on the City website. Questions this information should be directed to the City Clerk or Deputy Clerk at clerks@kawarthalakes.ca.	а

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? *

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