

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: *		
Stephen Major		
Address: *		
City/Town/Village:	Province: *	Postal Code:
Telephone: *	Email: *	
There can be a maximum of two speake who will be speaking. The names that ar		
Deputant One:		
First Name, Last Name		
Deputant Two:		
First Name, Last Name		

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 What action are you hoping will result from your presentation/deputation? * No parking signs, and enforcement	Please provide de	etails of the matter to wh	nich you wish to spe	eak: *	
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?*	Parking Complain	nt that is a safety concern	on Ken Reid Road		
	form.			ovide and submit with	this completed
If yes, Which department and staff member(s) have you spoken to? What action are you hoping will result from your presentation/deputation?*		ed this matter with City	Stair		
What action are you hoping will result from your presentation/deputation?*		artment and staff memb	er(s) have you snok	en to?	
	ii yoo, wiiioii dop				
No parking signs, and enforcement	What action are y	ou hoping will result fro	om your presentation	n/deputation? *	
	No parking signs,	and enforcement			

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:
Stephen Major
Date:
2/8/2024
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? *
No No
Please complete this form and return to the City Clerk's Office by submitting it online or:

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