

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

Tom Collver		
Address: *		
27 Elgin Street		
City/Town/Village:	Province: *	Postal Code:
Lindsay	ON	K9V3W2
Telephone: *	Email: *	
705-928-1156	tom.collver@gmail	.com
-	for each deputation. Please list the name(s) owill be included on the Council Meeting Agend	
Tom Collver		
Deputant Two:		
Craig Metcalf		

Please provide details of the matter to which you wish to speak: *	
We are looking to speak to the Cultural Centre Taskforce during their September 17th meeting. We the Academy Theatre Foundation and have a partnership opportunity to brief the task force on that well into the cultural centre plans and needs. It is of a time-sensitive nature as it fits into the current considerations.	t could fit
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? *	
We are hoping to, at the very least, start a dialogue between the Academy Theatre—an anchor of Culture and Tourism fabric in the CoKL. Ideally, the opportunity and vision we are bringing forward with the Cultural Centre plans and we would have a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with an aligned vision was a strong partnership formed with a strong partnership formed with an aligned vision was a strong partnership formed with a strong partnership for the strong	could assist

In Person in Council Chambers	
By signing this form you are acknowledging that all of the information you are providently permission to collect your personal information for the principal purpose of a recommittee or Council as outlined below.	
Signature:	
Tom Collver	
Date:	
8/30/2024	Ê
The personal information is being collected by the City of Kawartha Lakes for the pri deputation to Committee or Council pursuant to the City's procedural by-law. This in submitted may be circulated to members of Council, staff, the general public and posabout the collection of this information should be directed to the City Clerk or Deputy	formation, including all attachments sted on the City website. Questions

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