

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

| vame: " | | |
|--|-------------|--------------|
| Gene Balfour | | |
| Address: * | | |
| | | |
| city/Town/Village: | Province: * | Postal Code: |
| | | |
| elephone: * | Email: * | |
| | | |
| here can be a maximum of two speakers for epeaking. The names that are listed here will be | | |
| eputant One: | | |
| Gene Balfour | | |
| Deputant Two: | | |
| First Name, Last Name | | |

| Comments on Anr | augl Donart 2025 concerning anonding priorities |
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| | nual Report 2025 concerning spending priorities. |
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| ease attach any add | ditional supporting documents you wish to provide and submit with this completed form. |
| ave vou discussed | I this matter with City Staff? |
| Yes | tins matter with only stair: |
| No | |
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| vaa Mhiah danari | tomant and staff mambay(s) bays you anaken to 2 |
| yes, which depart | tment and staff member(s) have you spoken to? |
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| | ı hoping will result from your presentation/deputation? * |
| hat action are you | |
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| How would you like to complete your deputation? * |
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| In Person in Council Chambers |
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| 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: |
| Gene Balfour |
| |
| Date: |
| |
| |

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? *

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