



# 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: \***

Manley Lavender

**Address: \***

[Redacted]

**City/Town/Village:**

[Redacted]

**Province: \***

[Redacted]

**Postal Code:**

[Redacted]

**Telephone: \***

[Redacted]

**Email: \***

[Redacted]

There can be a maximum of two speakers for each deputation. Please list the name(s) of the individual(s) who will be speaking. The names that are listed here will be included on the Council Meeting Agenda.

**Deputant One:**

Manley Lavender

**Deputant Two:**

First Name, Last Name

**Please provide details of the matter to which you wish to speak: \***

As a person living with a rare muscle disease (myasthenis gravis), I would to speak on the challenges and impact that the Rare Disease Community has on the City of Kawartha Lakes economy. People with a rare disease are challenged to work FT or PT, and also their caregiver. My talk will shed awareness on the economic impact and the responsibility that members of the business community need to be engaged with ie (hire people with a disability, create more accessible access to buildings).

In 2024, the Canadian economy lost \$1.5 billion in revenue due to the impact of the people with a rare disease. That # does trickle down to our rural community on many levels

Take care

Manley



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? \***

Further engagement opportunities and an awareness of my message

**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:**

Manley Lavender

**Date:**

1/28/2025



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](mailto: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](mailto:agendaitems@kawarthalakes.ca)