



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: *

Sharon Woodrow

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:

Sharon Woodrow

Deputant Two:

First Name, Last Name

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

Neighbouring church, Trinity-St.Andrew's in Cannington, is hosting the Witness Blanket, www.witnessblanket.ca for 6 weeks Sept/Oct 2025. A massive art display tribute to Residential School survivors. A free exhibit open to all, school groups, public and all who want Truth and Reconciliation. We are asking for your recognition and support of this exhibit.

This is not a religious endeavour but as churches were responsible, we want to educate and demonstrate our support for Truth & Reconciliation. We have the space and are honoured to be one of only 3 locations in Ontario to host this Replica of the Witness Blanket in Ontario in 2025.

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? *

Support and promotion of this exhibit.
We are open over Canada's National Day for Truth & Reconciliation and would like to plan special event around that. Sept 30th.
Support/endorsement appreciated. This exhibit is free to view. Groups, schools and public all invited.
Financial support to promote would be welcomed.

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:

Sharon Woodrow

Date:

2/25/2025



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.

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