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OFFICE OF THE CITY CLERK
KAWARTHA LAKES

## 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

Loraine Mage	Radmila R	akıta
Address: *		
City/Town/Village:	Province: *	Postal Code:
Telephone: *	Email: *	
There can be a maximum of two speakers for who will be speaking. The names that are list	or each deputation. Please list the sted here will be included on the	ne name(s) of the individual(s) Council Meeting Agenda.
Deputant One:		
Loraine Mc Rae		
Deputant Two:		
Radmila Rakit	Ta	

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

Re: Dock at Block m Plan 175 (Bexley) We formally would like to request the renewal of our dock license previously approved by Robyn Carlson signed
We formally would like to request the renewal of our
1 1 license previously approved by Robyn Carlson signed
dock the state of the
September 30, 2019 September 30, 2019 We received letters stating the license had expired and we received letters stating the license had expired and we were to remove the dock, which we complied with.
We received letters she day which we complied with.
we were to remove the work, come,
many of our neighbours are willing to attest to our responsible use of the dock
ar willing to allest to
Marin atour neighbours - Zandant neighbours
and a sold use of the dock
our responsible request your consideration and
We respect the property license
approvat for the renewal or but soon therese
many of our neighbors  our responsible use of the dock  we respect fully request your consideration and  approval for the renewal of our dock license  thankyou for your time and attention to this  matter
, , , , , ,

Please attach any additional supporting documents you wish to provide and submit with this completed form.

Have you discussed this matter with City Staff?

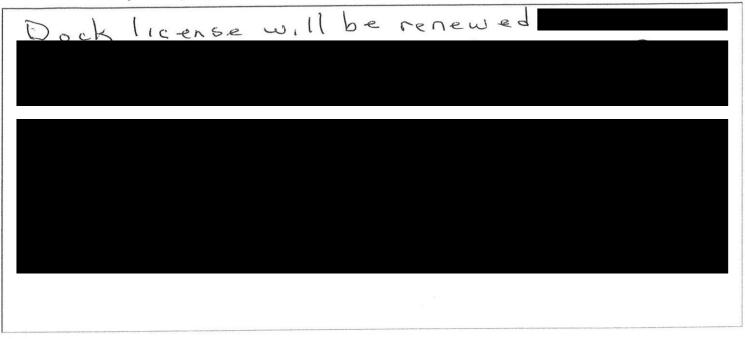
Yes

○ No

If yes, Which department and staff member(s) have you spoken to?

Sharri Duyer Lucas Almeida Maria DeSousa Ckrkb Office "d" Rubyn Carlson

## What action are you hoping will result from your presentation/deputation? \*



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:

ShoRae. Radwil: Rality

## Date:

July 4,2025

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 705 324-9411 ext. 1322.

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? \*

Yes

○ No

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

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