

TOWN OF NEWMARKET
Legislative Services Department
395 Mulock Drive w
P.O. Box 328 ck
Newmarket, ON L3Y 4X7 90

www.newmarket.ca clerks@newmarket.ca 905.895.5193

Request for Deputation

Request for deputation and/or any written submissions and background information for consideration by either Council or Committee of the Whole must be submitted to the Legislative Service's Department by the following deadline:

For Council – by 12 noon on the Wednesday immediately prior to the requested meeting.

For Committee of the Whole (for items not on the agenda) – by 12 noon on the Wednesday twelve days prior to the requested meeting.

PLEASE PRINT

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COUNCIL/COMMITTEE D	SUBJECT: PROPER ATTIFNDANCE RECORD OF COUNCILLORS
AGENDA ITEM NO	SUBJECT: PROVER ATIFADARDS RISCORDE CONSCRIÇÃORS
NAME: GARY O	VORT ERS
	dress ハカス リチュー Postal Code
	BUSINESS:
FAX NO.:	E-MAIL ADDRESS:
NAME OF GROUP OR PE	RSON(S) BEING REPRESENTED (if applicable)
	SUE OR PURPOSE OF DEPUTATION
1 WOULD AS	X THAT A SYSTEM BI- INDUEMENTED
TO KEEP AC	CURATE RECORDS OF COUNCILLORS DAILY
ATTENDANCE.	

Personal information on this form will be used for the purposes of sending correspondence relating to matters before Council. Your name, address, comments, and any other personal information, is collected and maintained for the purpose of creating a record that is available to the general public in a hard copy format and on the internet in an electronic format pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, as amended. Questions about this collection should be directed to the Director of Legislative Services/Town Clerk, Town of Newmarket, 395 Mulock Drive, P.O. Box 328, STN Main, Newmarket, ON L3Y 4X7; Telephone 905 895-5193 Ext. 2211 Fax 905-953-5100.

PATESENTATION TO FOLLOW AS PER BYLAW. RULES



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PLEASE PRINT 22

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COUNCIL/COMMITTEE DAT	E: FEBUAR	(26), 2014	- POLICY OF PAID VACAFION DAYS
AGENDA ITEM NO	SUBJECT:COLONGE	L TO DEVOCE !	- HARATION DAYS
NAME: GARY WOR	THERE		
ADDRESS:			
ADDRESS: Street Address	is	-	
NIEW 1 Town/City	7/1241-3	Postal Code	A
PHONE: HOME:	BUSINESS:		•
FAX NO.:	E-MAIL ADDR	ESS:	
NAME OF GROUP OR PERS	ON(S) BEING REPRESEM	NTED (if applicable)	
		A CONTRACTOR OF THE PARTY OF TH	-
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