

TOWN OF NEWMARKET
Legislative Services Department
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Newmarket, ON L3Y 4X7 905.895.5193

DEPUTATION REQUEST

If you wish to speak at this evening's Session, please complete the following information:

PLEASE PRINT

COUNCIL/COMMIT	TTEE DATE: Feb 3, 2014		
AGENDA ITEM NO	oSUBJECT:	Clock Tower de	velopment
	PUBLIC MEETING:	YES X	NO □
NAME: David Kem	pton		
	Street Address		
	Town/City		Postal Code
PHONE: HOME:_		BUSINESS:	
FAX NO.:	E-MAIL ADDRESS: kempton@pixsilver.com		
NAME OF GROUP OR PERSON(S) BEING REPRESENTED (if applicable)			
BRIEF STATEMENT OF ISSUE OR PURPOSE OF DEPUTATION			
Various reasons to support Clock Tower development			

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 Clerk, Town of Newmarket, 395 Mulock Drive, P.O. Box 328, STN Main, Newmarket, ON L3Y 4X7;