



TOWN OF NEWMARKET
 Legislative Services Department
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DEPUTATION REQUEST

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

PLEASE PRINT

COUNCIL/COMMITTEE DATE: Feb. 24, 2014

AGENDA ITEM NO. _____ SUBJECT: Proposed Cougs Development

PUBLIC MEETING: YES NO

NAME: Monica Ahrens

ADDRESS: _____
Street Address
Newmarket, ON
Town/City Postal Code

PHONE: HOME: _____ BUSINESS: _____

FAX NO.: _____ E-MAIL ADDRESS: _____

NAME OF GROUP OR PERSON(S) BEING REPRESENTED (if applicable)

BRIEF STATEMENT OF ISSUE OR PURPOSE OF DEPUTATION

Concern re: proposed cougs 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; Telephone 905 895-5193 Ext. 2211 Fax 905-953-5100.