

TOWN OF NEWMARKET
Legislative Services Department
395 Mulock Drive www.newmarket.ca
P.O. Box 328 clerks@newmarket.ca
Newmarket, ON L3Y 4X7 905.895.5193

DEPUTATION REQUEST

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

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COUNCIL/COMMITTEE DATE: Monday, February 24 2014
AGENDA ITEM NOSUBJECT: Pe2on in EPOS_
NAME: VIAN PARMENTER
ADDRESS: Street Address Newmanner ONT
Town/City Postal Code
PHONE: HOME BUSINESS:
FAX NO.: E-MAIL ADDRESS:
NAME OF GROUP OR PERSON(S) BEING REPRESENTED (if applicable)
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