

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:

PLEASE PRINT

COUNCIL/COMMITTEE DATE: Nanday, Feb. 24/14	
COUNCIL/COMMITTEE DATE: Nanday, Feb. 24/14 AGENDA ITEM NOSUBJECT: Proposed Cays development - PUBLIC MEETING: YES NO [] Extension	ia.
PUBLIC MEETING: YES ☑ NO ☐ extension	_
NAME: Kim Cumning	
ADDRESS: Street Address	
Alimanhet Postal Loue	
PHONE: HOME: 9-715-7498 BUSINESS:	
FAX NO.: E-MAIL ADDRESS:	-
NAME OF GROUP OR PERSON(S) BEING REPRESENTED (if applicable)	
BRIEF STATEMENT OF ISSUE OR PURPOSE OF DEPUTATION	
Provide my viewpoint to Council on the	
Provide my veryoint to Council on the	

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