

DEPUTATION / REQUEST FOR INFORMATION FORM

Please complete all applicable sections in full.

COMMITTEE ___Licenscing and Standards committee

_____ DATE _____

AGENDA ITEM NO. _____TITLE ___HOLIDAYS SHOPPING BY-

LAW_____

1. INDIVIDUAL MAKING THE DEPUTATION

Name: Deb Henry _____

Address: _____
Street Address

Toronto _____
Town Postal Code

Home Telephone: _____ Business: _____

E-Mail Address: ___dhenry@uniforlocal414.cs

I prefer to be contacted by: Mail _____ E-Mail ___X___

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

UNIFOR LOCAL 414 retail workers

3. BRIEF STATEMENT OF ISSUE OR PURPOSE OF DEPUTATION

Retail works need their 9 statutory holidays to spend time with their family and friends , we work hard and sometimes 2 and 3 jobs and need some time for ourselves .

I do not wish to make a Deputation, however, I would like to be informed of Council's decision and receive any further information.

Personal Information on this form is collected under the legal authority of the Municipal Act, as amended and the *Planning Act*, as amended. The Deputant's information is collected and maintained for the purpose of creating a record that is available to the general public, pursuant to Section 27 of the *Municipal Freedom of Information and Protection of Privacy Act*. As such, information collected here may form part of the public record. Questions about this collection should be directed to the Regional Clerk, York Region, 17250 Yonge Street, Newmarket, Ontario, L3Y 6Z1, telephone (905) 830-4444 ext. 7130.

446129 v.4 July 2014 cm
