

DEPUTATION / REQUEST FOR INFORMATION FORM

Please complete all applicable sections in full.

COMMITTEE _____ DATE _____

AGENDA ITEM NO. _____ TITLE _____

1. INDIVIDUAL MAKING THE DEPUTATION

Name: Khalid Usman

Address: _____

Street Address

Markham

Town

Postal Code

Home Telephone: _____

Business: _____

E-Mail Address: _____

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

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

3. BRIEF STATEMENT OF ISSUE OR PURPOSE OF DEPUTATION

Recently the Region passed holiday shopping bylaw that allows retail businesses to open on all days of the year except Christmas Day which was done without consultation with public and groups that are directly affected by this Bylaw

“Please Give everyone in York Region the holidays they deserve. Don't mix business with quality of life”.



I 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.