



DEPUTATION / REQUEST FOR INFORMATION FORM

Please complete all applicable sections in full.

COMMITTEE Committee of the Whole DATE Sept 7, 2017

AGENDA ITEM NO. _____ TITLE _____

1. INDIVIDUAL MAKING THE DEPUTATION

Name: HEATHER BENSON

Address: MOUNT ALBERT ROAD
Street Address

MOUNT ALBERT ON
Town Postal Code

Home Telephone: _____ Business: _____

E-Mail Address: _____

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

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

PATRICIA TREN, DOUG WILLIAMS, SELF, CONCERNED HA RESIDENTS

3. BRIEF STATEMENT OF ISSUE OR PURPOSE OF DEPUTATION

Our statement will bring forward concerns relating to the proposed installation of traffic signals at the intersection of Mount Albert Road and Centre Street.

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.