



DEPUTATION / REQUEST FOR INFORMATION FORM

Please complete all applicable sections in full.

COMMITTEE: Human Services Planning Board of York Region DATE _____

1. INDIVIDUAL MAKING THE DEPUTATION

Name: _____

Address: _____

Street Address

Town

Postal Code

Home Telephone: _____ Business: _____

FAX No.: _____ 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

I do not wish to make a Deputation, however, I would like to be informed of the Board'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. Questions about this collection should be directed to the Regional Clerk, Region of York, 17250 Yonge Street, Newmarket, Ontario, L3Y 6Z1, telephone (905) 895-1231.