

Deputation / Request for Information Form

(Please complete all applicable sections in full.)

Co	ommittee: Res	ional Council		Date: May 17, 2	2018
	genda Item No.:		900 00	m.	
1.	Individual Making The Deputation				
		miele Zanott			
	Address: 26	Wellington S	it. E. 12+	L Floor	
		Toconto			1S2_
	Home Phone No	D.:	Business Phon	e No. 416-77	7-1444 × 41
	Email Address:	Vnorman e uwg	st. org/dz	ranotti e u	ngt-org
2.	Name of Group	or Person(s) Being Rep	resented (if appli	cable):	
	United h	Jay Toronto	a York R	egion Cu	WTYR)
3.		utation / Brief Statement		0	
	communit	runcil on who	IYR'S Wood	for their	United
	Way Co	impaign.			
		sh to make a deputation, nd receive any further info		ike to be informed	l of Council's

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's Office, York Region, 17250 Yonge Street, Newmarket, Ontario, L3Y 6Z1, phone # 1-877-464-9675 ext. 71320.