

DEPUTATION / REQUEST FOR INFORMATION FORM

Please complete all applicable sections in full.

COMMITTEE Committee Comm DATE April 25/19
AGENDA ITEM NO. _____ TITLE Roads Acceleration Reserves funding

1. INDIVIDUAL MAKING THE DEPUTATION

Name: Marilyn Lafrate

Address: 2141 Major Mackenzie Dr.
Street Address

Vaughan ON L6A 1T1
Town Postal Code

Home Telephone: _____ Business: 905.832.8585 x 8344

E-Mail Address: marilyn.lafrate@vaughan.ca

I prefer to be contacted by: ☐ Mail ☒ E-Mail

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

City of Vaughan - Ward 1

3. BRIEF STATEMENT OF ISSUE OR PURPOSE OF DEPUTATION

acceleration of Major Mackenzie Centre - Turn Lane
for new Vaughan Hospital



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.