

**First Name**

Carmen

**Last Name**

Jandu

**Email**

[REDACTED]

**Phone Number**

[REDACTED]

**Meeting Type**

Council - Deputations for this specific meeting type must pertain to a matter listed on the meeting agenda

**Agenda Item**

5.1.1

**Meeting Date**

04/16/2024

**Purpose of Deputation (Minimum required text: 100 characters)**

Discuss the Special Policy Area proposed to permit the designation of the Norfolk County Health and Education Precint proposal on the west side of the Simcoe Urban Area, north and south of West Street east of Hillcrest Road.

**Do you have material or presentation for distribution to Council/Committee?**

No

**Deputation Location**

In-person

**Consent**

- I agree to the Notice of Collection Statement