

First Name

THOMAS

Last Name

PEACOCK

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

EXPANDING BOUNDARIES

Meeting Date

05/22/2024

Purpose of Deputation (Minimum required text: 100 characters)

I would like to illustrate the complexities and issues created by expansion in areas that impact communities directly and indirectly, and in legacy-related ideals

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