

First Name

Mary

Last Name

Haggith

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

Boundary Expansion

Meeting Date

05/22/2024

Purpose of Deputation (Minimum required text: 100 characters)

Addressing the impact of potential increases in population on our already strained emergency, police service & healthcare systems.

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