

OPEN DELEGATION REQUEST

PLEASE PRINT			
SUBJECT: BU	UZ SYST(LMS	
PREFERRED DAT	E: MON 3(20 ALTERNATE DATE:	
NAME:	19 CLQ/26		
EMAIL ADDRESS:	•		_
STREET ADDRES	<u>\$</u> :	12 a. a	
Bollic, ont			
``` eit		Posta	l Code ·
PHONE:	HOME:	BUSINESS:	
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FAX NO.:		E-MAIL ADDRESS:	
NAME OF CROUD	OB BEDCON(C) B	FING REPRESENTED ##	
NAME OF GROUP OR PERSON(S) BEING REPRESENTED (if applicable), INCLUDING THE PERSON(S) WHO, WILL BE SPEAKING AND/OR PRESENT AT THE MEETING:			
David	1-10/21	1	
BRIEF STATEMENT OF PURPOSE OF THE OPEN DELEGATION:			
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City of Barrie, City Clerk's Office 70 Collier Street, P.O. Box 400, Barrie, L4M 4T5 Tel: 705 739-4204 Fax: 739-4243 www.barrie.ca