

Delegation Request

This request and any written submissions or background information for consideration by either Council or Committees of Council is being submitted to Legislative Services.

Council or Committee (Choose One) *

Council

Council or Committee Meeting Date * ?

2024-9-24



Subject *

Off-Leash Dog Park

Full Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable) *

Mike Bryan

Brief Summary of Issue or Purpose of Delegation *

To voice objections to the proposal for siting an off-leash dog area within Highland Gate Park.

Have you been in contact with a Town staff or Council member regarding your matter of interest? *

☒ Yes

☐ No

Full name of the Town staff or Council member with whom you spoke

Wendy Gaertner

Date you spoke with Town staff or a Council member

2024-9-17



I acknowledge that the Procedure By-law permits five (5) minutes for Delegations. *

☒ Agree