Petition Organizer(s)

Name:	
Address:	
Phone:	

Purpose of Petition

To: the Council of the Municipality of Dysart et al, 135 Maple Avenue, Haliburton, Ontario K0M 1S0.
I/We the undersigned, petition the Council of Dysart et al as follows:

#	Name	Signature	Contact Information

Page ___ of ___

As per Dysart's Procedural By-Law, signatories to a Petition are deemed to have waived the expectation of privacy as a result of the record being created for review by the general public. Only contact information will be redacted for the public agenda and the petition will be available for viewing in full at the Municipal Office. Questions about the collection and disclosure of personal information contained in this Petition should be directed to the Municipal Clerk at (705) 457-1740 Ext. 631.