

Form: Request to Speak to Committee of Council

Submitted on Tuesday, March 20, 2018 - 12:24 pm

==Committee Requested==

Committee: Audit, Finance & Administration

==Requestor Information==

Name of Individual: Fausto Carnicelli

Name of Organization: Southmount Healthcare Centre Inc

Contact Number:

Email Address:

Mailing Address:

Reason(s) for delegation request: Give background to support our request for a forbearance agreement with respect to Development Charge Deferral.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No