

## Petition

To: The Council of the City of Clarence-Rockland

Whereas: (provide a brief description of issue/problem/request in question)


I/We the undersigned, petition the Council of the City of Clarence-Rockland as follows:


Name (Print)	Address	Signature

All information submitted is collected in accordance with the Municipal Act, 2001, s.8 and 239(1) and may be used in Council deliberations, and disclosed in full, including email, names and addresses to persons requesting access to records. All information submitted to the municipality is subject to the Municipal Freedom of Information Act (MFIPPA). Questions about this notice of collection should be directed to the Clerk's Office 1560 Laurier Street, Rockland (Ontario) K4K 1P7.

Page \_\_\_\_ of \_\_\_\_



CITÉ DE / CITY OF CLARENCE-ROCKLAND

Name (Print)	Address	Signature

Page \_\_\_\_ of \_\_\_\_

