

GEORGINA

COMMITTEE OF ADJUSTMENT

REQUEST TO BE NOTIFIED		
I,	Full)	_(Print Name in
	Full)	
HEREWITH SUBMIT NOTICE IN WRITING	G FOR THE FOLLOWING (Please check below):	
 I REQUEST TO BE NOTIFIED OF NOTED BELOW. 	ANY FUTURE PUBLIC MEETING(S) REGARDING THE	E APPLICATION
 I REQUEST TO BE NOTIFIED OF APPROVAL OR REFUSAL OF THE 	THE COMMITTEE'S DECISION REGARDING THE DEFILE APPLICATION,	FERRAL,
CONCERNING THE FOLLOWING COMM COMMITTEE ON THEday	IITTEE OF ADJUSTMENT MATTER CONSIDERED BY T of, 20	ΉE
APPLICANT NAME:		
		.
APPLICATION #:		<u>-</u>
Please fill in your information below:		
NAME:		<u>-</u>
ADDRESS:		<u>-</u>
CITY:	POSTAL CODE:	<u>-</u>
PHONE:		
E-MAIL:	<u> </u>	

THIS FORM SHOULD BE SUBMITTED TO THE SECRETARY-TREASURER TO THE COMMITTEE OF ADJUSTMENT AT THE FOLLOWING:



(Signature)

Town of Georgina
Matthew Ka, Secretary-Treasurer to the Committee of Adjustment
26557 Civic Centre Road, Keswick, ON, L4P 3G1
mka@georgina.ca

