

## Request to be notified Committee of Adjustment

l,	(print name in full)
herewith submit notice in writing for the foll	owing.
Check all that apply:	
I request to be notified of any future pulnoted below.	olic meeting(s) regarding the application
I request to be notified of the committee or refusal of the application,	e's decision regarding the deferral, approval
	ustment matter considered by the committee of
Applicant name:	
Property address:	
Application #:	
Fill in your information below:	
Name:	
Address:	
City:	Postal code:
Phone:	_Email:
Signature:	Date:
This form should be submitted to the following mailing address or email	
Town of Georgina Brianna Flatt, Secretary-Treasurer to the Committee of Adjustment 26557 Civic Centre Rd., Keswick, ON, L4P 3G1 bflatt@georgina.ca	