

Appendix A
Petition

Person Submitting the Petition

Name:	
Address:	
Phone:	

To: Council of The Corporation of the Municipality of Kincardine
1475 Concession 5, RR #5, Kincardine ON N2Z 2X6

I/We the undersigned, petition the Council of the Municipality of Kincardine as follows:

#	Name	Address	Signature

By signing the petition, I hereby acknowledge that this petition will become a public document at the Municipality of Kincardine and that all information contained in it will be subject to the scrutiny of the Municipality and will be publicly available. Questions about the collection of personal information contained in this petition should be directed to the Clerk, Municipality of Kincardine, 1475 Concession 5, RR #5, Kincardine, Ontario N2Z 2X6 Phone 519-396-3468 ext. 7112.