REQUEST TO PRESENT TO COUNCIL FORM



ABOUT PERSON/GROUP PRESENTING

First Name: ChrisLast Name: GreenName of Organization/Group (where applicable): Hockey New BrunswickMailing Address: 225 Porter St.City or Town: Saint JohnProvince: New Brunswick Postal Code: E2m-7Y4Day Time Phone Number: 506-651-4506Email: topcornersj@gmail.com

□ If you do **NOT** wish to have your personal information (address, phone number, email) become part of the public record, please check this box.

ABOUT YOUR REQUEST

Topic of Presentation: Non resident user fees pertaining to public arenas Purpose for Presentation (what is the ask of Council): To table any motion pertaining to non resident user fees with regards to minor hockey in Saint John. I am requesting an audience with council before a staff report is read on this matter. It is rumoured to be on June 17th.

Background Information:See letter attached

YOUR SIGNATURE

Signature: Chris Green

Date: 2019-06-06

FOR USE BY THE CITY OF SAINT JOHN ONLY Date Received: Click here to enter a date. Council Meeting Date: Click here to enter a date.

