

# Streetsville Historical Society 4415 Mississauga Road Mississauga On L5M 7C6

November 23. 2023

City of Mississauga City Clerks Office., 300 City Centre Drive Mississaugas OIn L5B 3C1

I am enclosing this pentiction that was resently turned into me. I have sent many before so please add these to that petion. I would have delivered them but I am Home with a positive Covid test.

Thank You

Anne Byard

Vice President Archivist

Streetsville Historical Society

Inne Byard

**Enclosed**: Petition Information

## Petition Information

City of Mississeuga Carparete Services Office of the City Clerk



Personal information on this form is collected under the authority of the Council Procedure Bylaw 139-13 and the Petition to Council Policy 02-01-05. The personal information will be used for notifying the petition organizer(s) regarding the Council's action and/or decision concerning the matter(s) submitted for consideration. Your personal information may become near to the public record which is available for public inspection during the meeting or at the Office of the City Clerk. The information may also be available on the City website. Questions about this collection should be directed to the Deputy Clerk. Office of the City Clerk, 300 City Centre Drive, Mississauga. ON LSB 3Cl, Telephone 905-613-3200 ext. 4516.

- Each petition must be submitted to the City Clerk no later than 4:00 p.m. eight business days prior to the Council meeting; otherwise the petition will be included on the next available Council agenda.
  Complete the Petition Submission Form and submit by email to city.clerk@mississauga.ca or by mail to 300 City Centre Drive, Mississauga, L5B 3C1.
- The petition must be typed or legibly handwritten and printed on letter size paper. (No pencil)
- The petition must be appropriate and respectful in tone, and must not contain any improper or offensive language or information.
- Each petitioner must print and sign his or her own name, original signatures only. During the Covid-19 pandemic, electronic or typed signatures will be accepted.

**	Each petitioner must provide his or her full address, including property's roll number for a noise wall petition.						
4	The petition must clearly disclose on each page that it will be considered a public document at the City of Mississauga and that the information contained in it may be subject to the scrutiny of the City and other members of the general public.						
The following information outlines the purpose of the petition:							
P	urpose						
Ci	satisfy the people who have signed the petition that this matter has been brought to the attention of ty Council and has been duly considered.						
	sking Council For						
St thr W	To control the development of buildings over 7 stories high in the development of Central Plaza, Streetsville. To control the traffic to the downtown area and to remove the projected plans to run a through road from Crumbie St. to William St. Making William Street north also a throughway to Queen. William Street north of the proposed development is a quiet residential Street with two seniors homes, a crosswalk to Dolphin School and VON meals on wheels loading.						
Q	rganizer information						

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Phone Number	Email Address	

### Petition Organizer Name

Anne Byard

To: The Mayor and Members of Council

#### **Subject of Petition**

To satisfy the people who have signed the petition that this matter has been brought to the attention of City Council and has been duly considered.

### We, the undersigned, hereby submit this petition for Council's consideration for the purpose of:

To control the development of buildings over 7 stories high in the development of Central Plaza, Streetsville. To control the traffic to the downtown area and to remove the projected plans to run a through road from Crumbie St. to William St. Making William Street north also a throughway to Queen. William Street north of the proposed development is a quiet residential Street with two seniors homes, a crosswalk to Dolphin School and VON meals on wheels loading.

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PETER MARA		1)	Get you
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JANA MRAZ			y. Vsez

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Name **	Address	Ward	Signature
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