## **Application Information**

•	First Name
	Faisal

Last Name
 Malik

Email Address:

• Phone number:

Street Address:

Town Milton

Postal Code:

Are you representing a group?

• Council Meeting Date 9/9/2024

 Please indicate how you intend to participate during the Council Meeting

Both audio and video

- Please describe the issue you intend to present:
  I would like to see this zoning approved. As a Muslim we need this place of worship in our community.
- Please describe specific actions you want Council to take: Approval of the mosque on Thompson road.
- Please provide your comments in support of or in opposition to the staff recommendation: N/a

•	Do you give your permission to be audio and video recorded on
	the Town of Milton's live Council meeting stream?
	Yes I give my permission

[This is an automated email notification -- please do not respond]