

PUBLIC HEARING REGISTRATION FORM

PUBLIC HEARING: MUNICIPALITY OF IGLOOLIK

DATE: FEBRUARY 18, 1998
18:30 COMMUNITY HALL

NAME: <i>Trans</i> <u>P. QDLIQTALIK</u>	ADDRESS: <u>Box 144</u> <u>Iqloolik, NT. X0A 0L0</u>
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>

NAME: <u>MURICE ARNAIS</u>	ADDRESS: _____ _____
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>

NAME: <u>MAKIK GUY</u>	ADDRESS: _____ _____
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>

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NAME: JOANASI SARPINAK	ADDRESS: Box 52 Igloolik NT
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>

NAME: A. P. J. J.	ADDRESS: _____
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input type="checkbox"/> No: <input type="checkbox"/>

NAME: Leo TULUGAYUK	ADDRESS: _____
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>

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NAME: <u>JACINTHA TULLUGASEK</u>	ADDRESS: <u>Igloolik, NT, X0A 0L0</u>
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>

NAME: <u>LOUCAS CUTAK</u>	ADDRESS: _____
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input type="checkbox"/> No: <input type="checkbox"/>

NAME: <u>ZACHARIAH KUNUK</u>	ADDRESS: _____
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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NAME: <u>JOSEPH HARRIS</u>	ADDRESS: _____
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: _____ No: _____

NAME: <u>ENIAM EVALUARIK</u>	ADDRESS: <u>Box 42 Iglooduk, NT X0A-0L0</u>
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: _____ No: _____

NAME: <u>Nick AWATSIK</u>	ADDRESS: <u>Iglooduk, NT - X0A 0L0</u>
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: _____

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NAME: <u>Aimé</u> <u>Deputy Mayor</u>	ADDRESS: <u>Igloolik, NT, X0A 0L0</u>
ORGANIZATION REPRESENTING: <u>Hamlet of Igloolik</u>	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: _____ No: _____

NAME: <u>David Howely</u>	ADDRESS: <u>Igloolik, NT X0A 0L0</u>
ORGANIZATION REPRESENTING: <u>Hamlet Foreman</u>	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: _____ No: _____

NAME: <u>Julia Ivalu</u>	ADDRESS: <u>Igloolik, NT X0A 0L0</u>
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: _____

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NAME: <u>Bobby kadlatsik</u>	ADDRESS: <u>Igloolik, NT X0A 0L0</u>
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: _____ No: _____

NAME: <u>LAZARUS UTTUQ</u>	ADDRESS: <u>Igloolik, NT X0A 0L0</u>
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: <input checked="" type="checkbox"/> No: _____

NAME: <u>EUGENE ANGRUWALIK</u>	ADDRESS: _____
ORGANIZATION REPRESENTING: _____	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION Yes: _____ No: _____

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NAME: <u>Solomon</u> <u>Allunt</u>	ADDRESS: <u>Box 194 Igloolik</u> <u>NT</u>
ORGANIZATION REPRESENTING: <u>Mon</u>	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION <div style="text-align: right;"> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> </div>

NAME: <u>Amagualik</u>	ADDRESS: <u>Igloolik, NT X0A 0L0</u>
ORGANIZATION REPRESENTING: 	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION <div style="text-align: right;"> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> </div>

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NAME: <u>George Qulaut</u>	ADDRESS: <u>Box 147</u> <u>Igloolik, NT X0A 0L0</u>
ORGANIZATION REPRESENTING: 	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION <div style="text-align: right;"> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> </div>

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NAME: <u>Sully Oteat</u>	ADDRESS: <u>Igloolik, NT X0A 0L0</u>
ORGANIZATION REPRESENTING: 	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION <div style="text-align: right;"> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> </div>

NAME: 	ADDRESS:
ORGANIZATION REPRESENTING: 	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION <div style="text-align: right;"> Yes: <input type="checkbox"/> No: <input type="checkbox"/> </div>

NAME: 	ADDRESS:
ORGANIZATION REPRESENTING: 	WOULD YOU LIKE TO MAKE AN ORAL PRESENTATION <div style="text-align: right;"> Yes: <input type="checkbox"/> No: <input type="checkbox"/> </div>

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