

**From:** [no-reply@web-response.com](mailto:no-reply@web-response.com) on behalf of [Town of Niagara-on-the-Lake](#)  
**To:** [Clerks](#)  
**Subject:** Webform submission from: Delegation Request Form  
**Date:** February 2, 2024 9:20:54 AM

---

**CAUTION:** This email originated from outside the Town of Niagara-on-the-Lake. Use caution when clicking on a link or opening an attachment unless you know that the content is safe. If unsure, forward the email to IT to validate.

Submitted on Fri, 02/02/2024 - 09:20

## Information

### Name

Graeme Dargavel

### Organization Name

Gillian's Place

### Address

15 Gibson Place  
St. Catharines. L2R 7J8

### Email Address

[REDACTED]

### Telephone Number

Cell: [REDACTED]

## Presentation

### Agenda Delegation

Agenda Delegation

### Topic

I have never spoken on this issue before

**For Agenda delegations please include the title of the item. In point form, provide an overview of what points you will be speaking to:**

Gillian's Place

Our work to end gender-based violence in Niagara

Our plans to build a safer future

## Terms

**I have read and understand the Delegation Protocol and acknowledge the information contained on this form, including any attachments, will become public documents and listed on Town Meeting Agendas. I also understand presentation materials including speaking notes and electronic presentations must be submitted by email to clerks@notl.com no later than 12:00 p.m. on the Monday prior the scheduled meeting.**

Yes

## Meeting Time

**I wish to appear before:**

Council

**Date**

Tue, 04/30/2024 - 00:00

## Presentation Requirements

**Do you have a visual presentation (slideshow or photos) to accompany your delegation?**

Yes

**I agree**

Yes

## Delegation

**I will be appearing:**

In person

**I also understand presentation materials including speaking notes and electronic presentations must be submitted by email to clerks@notl.com no later than 12:00 p.m. on the Monday prior to the scheduled meeting.**

Yes

**I acknowledge I have 10 minutes to delegate**

Yes

**I give permission to be audio and video recorded on the Town of Niagara on the Lake's livestream**

Yes

**Do you require accessible accommodation to participate:**

No

## **Privacy Disclaimer**

**I have read and understand the above Privacy Disclaimer.**

Yes