From:	no-reply@web-response.com on behalf of Town of Niagara-on-the-Lake
То:	<u>Clerks</u>
Subject:	Webform submission from: Delegation Request Form
Date:	May 13, 2024 10:49:12 AM

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Submitted on Mon, 05/13/2024 - 10:49

#### Information

Name ANTHONY POWELL

**Organization Name** Concerned citizens for Library neutrality

Address

Email Address

Telephone Number Cell:

#### 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:

We will address the desirability of replacing the retired member of the Library Board with a Member with strong qualifications with respect to library policies and belief in the principle of library neutrality.

Library Board cohesiveness should not be preferred over principles of inclusivity and diversity including inclusivity In diversity of thought.

#### 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: Committee of the Whole

**Date** Wed, 05/14/2014 - 00:00

### **Presentation Requirements**

**Do you have a visual presentation (slideshow or photos) to accompany your delegation?** No

### 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

I agree Yes

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