

From: [Town of Niagara-on-the-Lake](#)
To: [Clerks](#)
Subject: Webform submission from: Delegation Request Form
Date: April 24, 2025 4:04:46 PM

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Submitted on Thu, 04/24/2025 - 16:04

Submitted values are:

Information

Name

Sheila Wilcox

Organization Name

Bistro Six one

Address

1081 Line 1 Rd
Niagara-on-the-Lake. L0S 1J0

Email Address

[REDACTED]

Telephone Number

[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:

Patio

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, 04/29/2025 - 00:00

Presentation Requirements

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

No

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