

REQUEST TO APPEAR AS A DELEGATE TOWN OF NIAGARA-ON-THE-LAKE

(PLEASE PRINT CLEARLY OR TYPE ON THIS FORM)

Name:	E-mail:		
Street:	Box # / RR #:	Phone #:	
City:	Postal Code:	Fax #:	
 ✓(□) Non Agenda Delegation - a pression COTW Agenda and for which no later than 12 p.m. on the Thursd ✓(□) Agenda Delegation - a presentat □(✓) I have never spoken on this iss 	report has been prepared ay prior to the COTW or C ion which specifically addre	for Council by Staff must be ouncil Meeting esses a COTW or Council A	submitted no genda item.
If an applicant wishes to address an iss be permitted to do so if they bring forwa is new must be identified below and is significant new information has not been □ (✓) I have spoken on this issue be as follows: (attach a separate pa	rd significant new informations subject to approval by to provided. fore, and the specific ne	ion. Specific details on how he Town Clerk. Council w	this information till be advised if
I wish to appear before Council on Meeting time is 6:00 p.m. unless otherw. Note: Your request must be made no la	(ise noted)	DATE day of the schedule meeting	<u>'</u>
I wish to appear before Committee of			
(Meeting time is 6:00 p.m. unless otherw	vise noted)	DATE	
☐ Community & Development Services Note: Your request must be made no la			
I have read and understand the Delegat contained on this form, including any at Agendas.			
I also understand presentation mater presentations must be emailed to clerks meeting.			
Lise Andreana			
Signature		Date	
Presentation Requirements: No	Yes (description)		