

Delegation Request Form

red by sept 10th

Required fields are marked with asterisks (*)

This form must be completed and submitted to the Clerk of the Town of Essex by all persons wishing to address Council at a scheduled meeting of Council. Delegation requests must be submitted by 2:00 p.m. on the Tuesday prior to the scheduled meeting.

Any person who wishes to appear before Council as a Delegation on a matter that relates specifically to a matter contained in the Regular Council Meeting Agenda shall submit a Delegation Request Form no later than 4:30 PM on the Friday immediately preceding the date of the Regular Council Meeting. The Clerk shall have the sole authority to determine if the subject matter does in fact relate specifically to a matter contained in the Regular Council Meeting Agenda for purposes of allowing or denying the Delegation and the Clerk will introduce such Delegation Request Form(s) at the time of adopting the Published Agenda.

Presentations to Council are limited to 5 minutes per person to a maximum of 10 minutes for a group of two persons or more.

Personal information that you provide on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Please note that this form, if approved, will appear in the published Council Agenda and may be included in the Council Meeting minutes, both of which become part of the public record and are posted on our municipal website.

Delegates are responsible for indicating when an accommodation is required. The Clerk will determine the best method to address the accommodation in consultation with the individual in advance of the meeting.

First Name *	Delegation Request Form - Town of Essex
JOHN	
Last Name *	
FRASER	
Date of meeting you wi	ish to attend *
SCAT 16,20	€ 24 m
Will you be attending in	n-person or virtually? *
	
Are you representing a	group? *
Yes No	
Provide details on the i	issue(s) you wish to present to Council and any ing Council to take. *
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how the driven	the pre-existing divinory and support being and up the soad.
Is this item on the age	nda? *
○ Yes	
No I don't know	
Have you consulted wit	th Administration on this issue? *

 \bigcirc No

Have you consulted with a Member of Council on this issue? *

Yes

No

If you've consulted with Administration or Council, please provide the names of the individuals you've talked to and the details of those discussions.

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Yes

O No

Not applicable

Have you appeared before Council in the past regarding this issue? *

Yes

₽No

Presentation Materials

*Presentation materials will not be considered for presentation at the meeting unless they are attached to this form.

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Will you have presentation materials? Any materials must be provided to the Clerk with this delegation request for review, approval, and circulation to Council and Administration. Materials will be made public. *

Yes

O No

Your Address or Group	Contact	Address	(full mailing	address
including postal code)	*			

33 IR41N

Your Phone Numbers

Home

Use format 519-776-7336

Work

Use format 519-776-7336

Celi

Use format 519-776-7336

Email Address *Required if joining virtually.

Name and address of all representatives attending, including their positions *

JOHN FRESER , 33 THUIN

Privacy Statement

This meeting will be broadcast live via YouTube and Delegates will be included in the recording. Be advised that all Council and Committee meeting presentations become part of the public record and you will be listed as a presenter on the Agenda and Minutes of the meeting. Agendas and Minutes are published online, so the listing of your name in connection with the Agenda or Minutes may be indexed by search engines like Google. Further, personal information contained in your correspondence, to Town of Essex Council, is collected under the authority of the *Municipal Act, 2001*, as amended. Any personal information you choose to disclose in your correspondence will be used to receive your views on the relevant issue(s) to enable Town of Essex Council to make its decision on the matter. Questions about the collection of this information can be directed to the Legal and Legislative Services Department.

I have read and understand the above Privacy Statement. *

Yes

No

Submit

Address: Town of Essex, 33 Talbot Street South, Essex, Ontario, N8M 1A8

Phone: 519-776-7336 (tel:5197767336), Fax: 519-776-8811 (tel:5197768811)

For after-hours service, please call 519-776-7336

Hours of Operation: Monday to Friday, 8:30a.m. to 4:30p.m.

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