

Request for Delegation



The Corporation of the
Township of Cramahe
1 Toronto St., P.O. Box 357
Colborne, ON • K0K 1S0

For Office Use Only
Meeting Name: _____
Meeting Date: YY/MM/DD _____

Attention: Julie Oram, Clerk
Phone: 905-355-2821 Ext 222
Request Date: _____ (YY/MM/DD)

Email: julie@cramahetownship.ca

Name of Individual(s) _____

Position/Title _____

Name of Organization _____

Phone Number _____ Fax Number _____

Reason(s) for delegation request (subject matter to be discussed)

I am submitting a formal presentation to accompany my delegation: Yes No

I will require that following audio/visual equipment/software: Projector PowerPoint

*Note: Delegates are requested to provide at least 10 copies of all background material/presentations to the Clerk's Division 5 business days prior to the meeting date so that it can be included with the agenda package.

In accordance with Procedural By-law 2007-10:

- **Delegates appearing before Cramahe Council or Committee are required to limit their remarks to 8-10 minutes respectively (approximately 5-10 slides).**

Once the above information is received in the Clerk's Division, you will be contacted by staff to confirm your placement on the appropriate agenda. Thank you.

Notice With Respect to the Collection of Personal Information (Municipal Freedom of Information and Protection of Privacy Act)

Personal Information contained on this form is authorized under Section 3.4 of the Township of Cramahe Procedural By-law 2007-10, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Council or a Committee of Council.

Signature of Delegate

Date: YY/MM/DD