



## Request for Delegation

Attention: Municipal Clerk  
Township of Cramahe  
1 Toronto St., P.O. Box 357  
Colborne, ON K0K 1S0  
Email: clerk@cramahetownship.ca  
Phone: 905-355-2821 ext. 222  
Fax: 905-355-3430

### FOR OFFICE USE ONLY

Meeting Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Name of Individual(s): \_\_\_\_\_ Request Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

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 the following audio-visual equipment/software for my presentation: Projector PowerPoint

*\*Note: Delegates are requested to provide 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 requested to limit their remarks to 8 minutes and 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 200710, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedural By-law is a requirement of Section 238(2) of the *Municipal Act, 2011*, as amended.

Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority.

Signature of Delegate: \_\_\_\_\_ Witness (Twp. Staff): \_\_\_\_\_

Date: \_\_\_\_\_