

Council Meeting Registration Form

Attention: Municipal Clerk

Requested Meeting Date:

Township of Cramahe
1 Toronto St., P.O. Box 357
Colborne, ON K0K 1S0
Email: clerk@cramahe.ca
Phone: 905-355-2821 ext. 122

Fax: 905-355-3430

FOR OFFICE USE ONLY
Date Received: YY/MM/DD

YY	/MM/DD		
Meeting Name			
Name of Individual			
Phone Number			
Email Address			
The location of Cramahe Township Co	uncil meetings will be held at: The Keeler	Centre, 80 Divi	sion Street,
Please note that this form must be reconstrictions there will be a limit of six	eived at least one hour prior to the meeting (6) seats available for the public.	being requeste	d. Due to COVID-19
of the public will be required to be doul considered fully vaccinated and can sh proof cannot be provided, you will not let to protect the privacy of all our resider	Provincial legislation outline under the Reoble vaccinated against COVID-19. Under Flow proof at least 14 days following the second allowed to enter the facility.	Provincial regulate cond dose of a Cond dose of a Cond you provide w	tion, you are COVID-19 vaccine. If
·	vide the documentation each time you ent	•	
 Pre-Screening Questions Have you received your final vaccine dose more than 14 days ago? 		YES	NO O
	0	0	
Have you travelled outside of Car Days a baye any of the following	•	0	0
, , ,	new or worsening symptoms or signs? Fever or chills	0	0
0	Cough	0	0
0	Shortness of Breath	0	0
0	Loss of taste or smell	Ö	Ö
Signature of Attendee			

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.