

Attention: Municipal Clerk
Town of Cobourg
55 King Street West, Cobourg, ON K9A 2M2
Email: blarmer@cobourg.ca

Date: YY/MM/DD_

FOR OFFICE USE ONLY

Meeting Type:__ Regular Committee of the Whole

Meeting Date: YY/MM/DD

Request for Delegation

| Phone: (905) 372-4301 | Fax: (905) 372-7558 Request Date: |
|--|---|
| Name of Individual(s) | YY/MM/DD |
| Position/Title | |
| Name of Organization | |
| Phone Number | Extension Email |
| Reason(s) for delegation requ | uest (subject matter to be discussed) |
| | |
| I am submitting a formal pres | sentation to accompany my delegation: |
| I will require the following aud | dio-visual equipment/software for my presentation: \Box Projector \Box PowerPoint |
| | ed to provide 1 copy of all background material/presentations to the Clerk's prior to the meeting date (in advance of Wednesday the scheduled meeting d with the agenda package. |
| In accordance with Procedura | al By-law No.079-2017: |
| | g before Cobourg Council or Committee are required to limit their remarks ectively with Q/A to follow by council. |
| Once the above information i on the appropriate agenda. | s received by the Municipal Clerk you will be contacted to confirm your placement |
| | With Respect to the Collection of Personal Information cipal Freedom of Information and Protection of Privacy Act) |
| Protection of Privacy Act, R.S. | form is collected under the authority of the <i>Municipal Freedom of Information and</i> 5.O. 1990 c. M56, as amended. Inquiries about the collection of personal d to the Municipal Clerk. |
| 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 | Municipal Clerk or designate |