



## Request to Delegate Form

|   |  |
|---|--|
| Submit completed request to:<br>E-mail: agenda@caledon.ca<br>Phone: (905) 584-2272 ext. 2366<br>Fax: (905) 584-6070 | Request Date:<br><hr/> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Year</span> <span>Month</span> <span>Day</span> </div> |
|---|--|

| Applicant Information |                |              |
|-----------------------|----------------|--------------|
| Last Name             |                | First Name   |
| Street Number         | Street Name    | Town/City    |
| Postal Code           | E-mail address | Phone Number |

| Purpose of delegation request (state position taken on issue, if applicable)   |
|--|
| <p style="text-align: center; font-weight: bold; font-size: 1.2em;">REMINDER – DELEGATIONS ARE ALLOWED 10 MINUTES TO SPEAK</p> |

**Please contact us to determine the submission due date for any material**

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

I will require the following audio-visual  Overhead Projector  Power Point  Document Camera

Personal information collected on this form is used for the purposes of sending correspondence relating to matters before Council. Your name, address, comments, and any other personal information, is collected and maintained for the purpose of creating a record that is available to the general public in a hard copy format and on the internet in an electronic format pursuant to Section 27 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, as amended. Questions about this form should be directed to the Municipal Freedom of Information Co-ordinator at 905-584-2272.