

First Name *

Maurice

Last Name *

Témoin

Street Address *

6 Glendale Drive

Town/City *

Tillsonburg

Postal Code *

N4G 1J2

Phone Number *

519-842-6974

E-mail *

Itemoin @ yahoo. com (no internet at home)

Website

Do you or any members	of your	party	require	accessibility
accommodations? *				

Yes

NO

Council Meeting Date *

September 12, 2019.

Subject of Delegation *

Ongoing drainage issues

Name(s) of Delegates and Position(s) *

Maurice Témoin

Name of Group or Person(s) being represented (if applicable)

I acknowledge Delegations are limited to fifteen (15) minutes each. *

✓I accept

Brief Summary of Issue or Purpose of Delegation *

Resolution of flooding problems caused by town planners.
Compensation for expenses caused by the town planners decisions on new development.

Will there be a Power Point presentation? * ☐ Yes No Have you been in contact with a Staff member regarding the Delegation topic? * Yes No No I acknowledge that all presentation material must be submitted to the Clerk's Office by 4:30 p.m. the Wednesday before the Council meeting date. Back Submit © 2016 Town of Tillsonburg, 10 Lisgar Ave, Tillsonburg ON N4G 5A5, 519-688-3009,

Designed by eSolutionsGroup

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