## **Council Delegation Request**

Members of the public or citizen group may submit a Delegation Request to speak at an open meeting of Council.

First Name *	Last Name *
Melanie	Dickson
Street Address *	Town/City *
390 Quarter Town Line	Tillsonburg
Postal Code *	Phone Number *
N4G 5J7	519-688-7393
E-mail *	Website
derehamforgecooperative@gmail.com	https://windsoressex.cioc.ca/record/OXF0509
∇ No     Council Meeting Subject of Delegation *	
Date *  Dereham Forge Playgro	ound Revitalization Project
October 15th, 2019	
Name(s) of Delegates and Position(s) *	Name of Group or Person(s) being represented (if applicable)
Melanie Dickson - Property Administrator	Dereham Forge Housing Cooperative

Brief Summary of Issue or Purpose of Delegation *
We are inviting you to participate in a ambitious and much needed playground revitalization project.
Will there be a Power Point presentation? *
☐ Yes
<b>▼</b> No
Have you been in contact with a Staff member regarding the Delegation topic? *
<b>▼</b> Yes
No
If yes, please list the Staff member(s) you have been working with. *
Deb Gilvesy
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.  I accept

## Thank You

Personal information on this form is collected under the legal authority of the *Municipal Act*, as amended. The information is collected and mainted for the purpose of creating records that are available to the general public, pursuant to Section 27 of the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about this collection should be directed to the Municipal Clerk, Town of Tillsonburg, 200 Broadway Street, 2nd Floor, Tillsonburg, Ontario, N4G 5A7, Telephone 519-688-3009 Ext. 3224.