

# 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 \***

Melissa

**Last Name \***

Holden

**Street Address \***

31 Canrobert Street

**Town/City \***

Woodstock

**Postal Code \***

N4S 8W8

**Phone Number \***

226-228-5102

**E-mail \***

unifor636mel@gmail.com

**Website**

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

☐ Yes

☒ No

**Council Meeting Date \***

December 9, 2019

**Subject of Delegation \***

Motion to Stop Cuts to Health Care in Ontario.

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

Lorraine Sinclair

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

Ontario Heath Coalition

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

☒ I accept

### **Brief Summary of Issue or Purpose of Delegation \***

We are asking local municipalities to make a motion to ask the Ontario Government to stop the cuts to the health care services that our communities depend on. I will provide the presentation as well as references to the research facts and the motion it's self

### **Will there be a Power Point presentation? \***

☐ Yes

☒ No

### **Have you been in contact with a Staff member regarding the Delegation topic? \***

☐ Yes

☒ 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.**

☒ I accept

# Thank You

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