

**First Name \***

Mary Jane

**Last Name \***

PHILLIPS

**Street Address \***

464389 Rivers Rd.

**Town/City \***

Ingersoll

**Postal Code \***

N5C 3J8

**Phone Number \***

519-533-8954

**E-mail \***

mjp.pscol@gmail.com

**Subject \***

Maple Lane School property

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

Cycles of Life for Supportive Transitional Living

**All Delegations are limited to fifteen (15) minutes, including questions and answers. \***

I acknowledge

**Details of the nature of the business/purpose: \***

Introduce Cycles of Life to the new council. Inform what we do, how we do things, need for future space for ongoing project(s)  
To collaborate with the Town of Tillsonburg on a proposed plan of housing the homeless before cold weather sets in at Maple Lane School.  
To collaborate with the County of Oxford and the Town of Ingersoll to have a shelter in Tillsonburg.  
Request Zone change to locate "shelter" plus for Maple Lane School at no cost to Cycles of Life  
To collaborate with other organizations/ businesses/individuals within Oxford County to get Maple Lane up and running quickly

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

Yes

No

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

Yes

No

**I acknowledge that all presentation material must be submitted to the Office of the Clerk by 4:30 p.m. the Wednesday before the Council meeting date.**

I accept