

# Delegation Request Form

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

Council meetings are held the second and fourth Monday of the month at 6:00 p.m. Council meetings are livestreamed and recorded.

Delegations take place near the beginning of the meeting and are allowed 15 minutes for their presentation; ten (10) minutes is meant for the presentation and the remaining five (5) minutes is to allow for comments and questions from Council.

It is encouraged to supply sufficient information regarding your delegation for inclusion on the public meeting agenda, including any requests for action on the subject matter. This allows members of Council to have an understanding of the purpose of your delegation.

Any Information contained on this form will be made public through the publication of the agenda. Through submission of a Delegation Request, individuals are agreeing to the release and including of their personal information within the public record. Applicants may request the removal of their personal contact information when submitting this form. The request to remove personal contact information cannot be made after agenda publication. Please note that all meetings occur in an open public forum and are regularly recorded and televised.

Accessibility accommodations are available. Please make your request in advance.

**First Name \***

Stephen

**Last Name \***

Owen

**Street Address \***

123 - 4096 Meadowbrook Dr

**Town/City \***

London

**Postal Code \***

N6L 1G4

**Phone Number \***

519-652-9437

**E-mail \***

stephen.owen@pssso.ca

**Subject \***

Parkinson Society Southwestern Ontario  
Awareness Presentation

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

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

I acknowledge

**It is encouraged to supply sufficient information regarding your delegation for inclusion on the public meeting agenda, including any requests for action on the subject matter. Details of the purpose of the delegation: \***

Parkinson Society Southwestern Ontario currently convenes a Support Group (for folks living with Parkinson's and their carepartners) in Tillsonburg. We would love to build community awareness of our organization with the hopes of bringing some of the programs and services offered in larger centres to Tillsonburg.

**Please indicate the preferred meeting date which you would like to appear as a delegation: \***

10/21/2024



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

Yes

No

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

Yes

No

**Please attach a copy of your presentation. If you experience technical difficulties please submit your presentation materials via email to [clerks@tillsonburg.ca](mailto:clerks@tillsonburg.ca)**

**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

Upon receipt and approval of a Delegation, full details on the process will be sent to all presenters. If you have any questions please contact the Office of the Clerk at: [clerks@tillsonburg.ca](mailto:clerks@tillsonburg.ca) or 519-688-3009 ext. 4041

Personal information on this form is collected under the legal authority of the *Municipal Act*, as amended. The information is collected and maintained 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. 4040.