

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 *

KEN

Last Name *

ABBOTT

Street Address *

50 WOOD HAVEN DR

Town/City *

TILLSONBURG

Postal Code *

N4G-0A5

Phone Number *

519-409-1224

E-mail *

KENNFRA@1cloud.com

Website

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

☐ Yes

☒ No

How can we assist you? *

Council Meeting
Date *

JAN 21, 2019

Subject of Delegation *

2019 BUDGET DISCUSSION

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

KEN ABBOTT

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 *

OUTDOOR RECREATION PAD

Will there be a Power Point presentation? *

☐ Yes

☒ No

Please attach a copy of your presentation.

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

☒ Yes

☐ No

If yes, please list the Staff member(s) you have been working with. *

RICK COX

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 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. 3224.