

First Name *

JOAN

Last Name *

WESTON

Street Address *

25 DELEVAN CRES.

Town/City *

TILLSONBURG, ON

Postal Code *

N4G 3M6

Phone Number *

519-842-2091

E-mail *

tazmeg@bell.net

Website

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

☐ Yes

☒ No

How can we assist you? *

Council Meeting
Date *

MAY 13, 2019

Subject of Delegation *

Information & History of Kinsmen Outdoor Pool

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

Joan Weston

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 *

I was asked by Councillor Esseltine to present the section of my talk, "Lake Lisgar II: The Buildings Around the Lake", on the history of the outdoor swimming pool, as information for Council.

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. *

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