

Hello,

Please note the following response to Delegation Request Form has been submitted at Friday May 3rd 2019 10:47 AM with reference number 2019-05-03-002.

- **First Name**
Crystal
- **Last Name**
Saunders
- **Street Address**
96 Tillson Ave
- **Town/City**
Tillsonburg
- **Postal Code**
N4G 3A1
- **Phone Number**
519-842-9008
- **E-mail**
csaunders@communitylivingtillsonburg.ca
- **Do you or any members of your party require accessibility accommodations?**
No
- **Council Meeting Date**
May 13, 2019
- **Subject of Delegation**
Community Living Month
- **Name(s) of Delegates and Position(s)**
Cheryl Conick
Karen Devolin
- **I acknowledge Delegations are limited to fifteen (15) minutes each.**
I accept

- **Brief Summary of Issue or Purpose of Delegation**

Throughout the month of May, Community Living Tillsonburg and associations across the province celebrate Community Living Month, a time for celebrating our accomplishments and acknowledging the work we do.

We wish to highlight the impact of Community Living Tillsonburg in the community locally.

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

Yes

- **Please attach a copy of your presentation.**

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

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