

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 *

Mandi

Last Name *

Byrnes

Street Address *

58 Sanders Cres

Town/City *

Tillsonburg

Postal Code *

N4G 4C8

Phone Number *

519-550-4782

E-mail *

mandi.b.tburg@gmail.com

Website

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

☐ Yes

☒ No

Council Meeting Date *

Sept.23

Subject of Delegation *

Water Park Petition

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

Mandi Byrnes - resident

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 *

To present the signatures and comments I have collected from the petition to keep the Tillsonburg Water Park

Will there be a Power Point presentation? *

☐ Yes

☒ No

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

☐ Yes

☒ 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

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.