

REQUEST FOR DELEGATION

With

ALNWICK/HALDIMAND TOWNSHIP COUNCIL

Attention: Robin van de Moosdyk, CMO, Clerk Township of Alnwick/Haldimand 10836 County Rd. #2, P.O. Box 70

Grafton ON KOK 2G0

Email: rvandemoosdyk@alnwickhaldimand.ca

Phone: 905-349-2822 ext. 32

Fax: 905-349-3259

	Request Date:
Name of Individual(s)	
Position/Title	
Name of Organization	
Phone Number	Extension Fax
Reason(s) for delegation requ	uest (subject matter to be discussed – subject to Section 24.18 of By-Law No. 75-2012)
I am submitting a formal pres	sentation to accompany my delegation: \square Yes \square No
J	quested to provide 10 copies of all background material/presentations to the Clerk the ting date so that it can be included with the agenda package.
In accordance with Procedura	al By-Law #75-2012, as amended:
	ng before Council or Committee are requested to limit their remarks to 5 minutes, ged or approved by Council.
Once the above information appropriate agenda. Thank \	is received by the Clerk, you will be contacted by staff to confirm your placement on the 'ou.
Privacy Act). Personal Informal Alnwick/Haldimand Procedure organizations requesting an	e Collection of Personal Information (Municipal Freedom of Information and Protection of mation contained on this form is authorized under Section 27.4 and 27.6 of the Township of ral By-Law 75-2012, as amended, for the purpose of contacting individuals and/or opportunity to appear as a delegation before Council or a Committee of Council. The be published in its entirety with the public agenda. The Procedural By-law is a requirement of pal Act 2001, as amended.
Please note that all meeting authority.	s are open to the public except where permitted to be closed to the public under legislated
Signature of Delegate	Witness (Municipal Staff Member)
Date:	