

## Municipality of Brockton Request for Delegation Form

Attention: Clerk's Office

100 Scott St. PO Box 68 Walkerton, ON N0G 2V0 Phone: 519-881-2223 Ext. 124 Fax: 519-881-2991

Email: fhamilton@brockton.ca

Requested Meeting Date:	
Name	of Individual(s) Presenting to Council
Positio	on/Title:
	of Organization or Person BeingRepresented:
	or organization of a organization zonight opposition.
	: Email:
	ct Matter to be Discussed:
	Staff may request further more information before scheduling a Delegation to Council.
Action	Requested:
Back	ground and Presentation Materials
•	Please provide the Clerk's Office with a copy of all background material and/or presentations <b>before noon on the Thursday prior to the Council Meeting</b> , for inclusion in the Council Package.  Please provide any Power Point presentations in .PPT format for presentation during the meeting.
	☐ Projector

## **Meeting Details**

Meeting Time: 7:00 p.m.

Meeting Location: Bruce County Council Chambers (30 Park Street, Walkerton)

**Note:** The Clerk's Office will confirm your placement on a Council Agenda once all information and materials are received.

Personal information on this form is collected under authority of the Municipal Act, SO 2001, c.25 and/or the Planning Act, R.S.O. 1990, cP.13 and will be used in the preparation of the applicable council/committee agenda. Questions about the collection of personal information should be directed to the Freedom of Information and Privacy Officer, Sonya Watson, CAO, Municipality of Brockton, 519-881-2223 Ext. 126 or swatson@brockton.ca.