TOWN OF INNISFIL DELEGATION TO COUNCIL REQUEST FORM

(Visit **innisfil.ca/delegate** to use the online request form)

The following form must be completed, signed (digital accepted), and submitted (email/fax/drop off) to the Town of Innisfil Clerk's Office for review. Delegations regarding an item appearing on the agenda must be submitted by **12:00 noon the Monday before a Regular Council meeting. NON-AGENDA items must be submitted no later than 12:00 p.m. (noon) seven (7) days prior to a Regular Council meeting.** Delegations to Council are limited to a maximum of 10 minutes. Refer to the Town's calendar at **innisfil.civicweb.net** for a list of scheduled Council meetings.

Full Name(s) of Person(s) Presenting: _____

_____

Preferred Date: _____ **Alternate Date:** _____ **Attending:** In-Person or Virtual

Are you representing a Group? Yes ☐ No ☐

Name of Group & Your Title: _____

Will other Group Members be attending? Yes ☐ No ☐

Complete Address of Delegate and/or Group: _____

Phone: Home: _____ Work: _____ Cell: _____

Name: _____ **Email:** _____

Provide brief details of your delegation. (A letter outlining the purpose MUST be submitted with this form)

_____

_____

_____

Have you appeared before Council on this issue(s) before? YES ☐ NO ☐

Have you consulted with staff on this issue(s) previously? YES ☐ NO ☐

If you answered "yes", provide name(s) of staff: _____

Do you have any special requirements when presenting? _____

Additional documentation attached? YES ☐ NO ☐

Additional documentation to be provided at meeting? YES ☐ NO ☐

Will a PowerPoint presentation be used? YES ☐ NO (guidelines listed below) ☐

Note: Any material(s) that the Delegate wishes to use or have distributed to Council during their Delegation at a Regular Council Meeting must be provided to Clerk Services with the delegation request.

Please remit this form and copy(s) of all material to Clerk Services, by email, fax, or hand delivery. Once the form/material is received, Clerk Services will contact you to confirm your placement on the agenda.

Date Submitted: **Signature of Person Requesting Appearance:**

_____

Town of Innisfil - 2101 Innisfil Beach Road, Innisfil, ON L9S 1A1
Email: clerksoffice@innisfil.ca Phone: 705-436-3710 Fax: 705-436-7120

Disclaimer: *Please note that submission of this form does not guarantee the approval of your request. In addition, all information submitted will be considered to be public information and therefore subject to full disclosure, under the Municipal Freedom of Information and Protection of Privacy Act. Personal information collected on this form is authorized under the Town's Procedural By-law 066-26 and will be used to contact individuals and/or organizations requesting to appear before Council. The name(s) of the delegate(s) will be published as part of the meeting agenda which is also posted on the Town's website.*