Delegation Request Form

Municipality of Kincardine Procedure By-Law

By-Law No. 2013- 161

Schedule 'A'

Your request **must be received by noon on the Wednesday prior to the meeting**, outlining the subject matter of the delegation and submitting an electronic version of any Microsoft PowerPoint presentation or other presentation material proposed to be used on the previous page or e-mail clerk@kincardine.net .

Failure to provide the required information on time will result in loss of privilege to appear as a delegation. I have read and understand the delegation protocol attached to this form and acknowledge that the information contained on this form, including any attachments will become public documents and listed on the Municipality of Kincardine's Council meeting agenda.

Date of Request *	Council Meeting Date Requested	1
5/5/2019	5/13/2019	#
Delegation's Name *		
Dan Piggott		
Phone Number *	E-mail *	
7058887080	daniel.piggott@7acres.com	
Organization (if applicable)		
7ACRES		
Name(s) of Speaker(s) *		
Dan Piggott		

of the

I Acknowledge *

that if the materials contain any obscene or improper matter, language or does not meet the requirements of the delegation protocol, the Clerk shall decide whether it should be included in the agenda for a Council meeting and if not, I will be notified.

Date *

5/5/2019

Signature *

Original Signed by Dan Piggott

Personal information is collected under the authority of the Municipal Act, for the purpose of creating a record to be used for registering individuals for the delegation portion of Council meetings. Questions about the collection of the personal information may be addressed to the Clerk of the municipality of Kincardine, 1475 Concession 5, R.R. 5, Kincardine, Ontario N2Z 2X6. Phone: 519-396-3468