

Delegation Request Form

Schedule “B” to By-Law 2016-70

The Clerk of the Township of Huron-Kinloss reserves the right to refuse or defer any delegation at any time. Delegations appear strictly for information purposes only. Any discussion or decision will be at the discretion of Council.

Material provided will be uploaded to the public agenda subject to rules of procedure. Material provided must be in an accessible format that meets the Accessibility for Ontarians with Disabilities Act (AODA) regulations. In the event a document provided on the website contains elements that are inaccessible, an alternative method will be provided by contacting the Municipal Office at 519-395-3735.

Request for Delegation *

- ☐ On my own behalf
- ☒ On behalf of a group, organization or association

Name of the group, organization or association

Saugeen Valley Conservation Authority

Name(s) of Speaker(s) (maximum of 3) *

Jennifer Stephens

Subject/Title of Presentation *

Programs and Services

Please describe the subject matter of the delegation *

The purpose of this delegation is to inform the new members of Council of the Programs and Services offered by Saugeen Valley Conservation Authority.

Equipment Required (projector, screen, laptop)

Projector, screen, laptop

Contact Information

(Contact information will not be displayed publically)

Address *

1078 Bruce Road 12, Formosa, ON. NOG 1W0

Phone Number

519-369-7206

Email Address

j.stephens@svca.on.ca

Completed and signed requests and all presentation documentation must be delivered to the Clerk by 1:00p.m.on the Thursday preceding the meeting of Council for which your delegation is scheduled. Delegations will be confirmed by the Clerk by email.

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of reviewing delegation requests. Questions about the collection of the personal information may be addressed to the Clerk at the Township of Huron-Kinloss, 21 Queen Street, P.O. Box 130, Ripley, ON, N0G 2R0 or (519) 395 3735

Signature *

Original Signed by Applicant

Thank You

Your delegation request form will be reviewed by a member of the Clerk's Department and you will be contacted within 3 business days. If you have any questions about your delegation request please contact us at 519-395-3735.