



PORT COLBORNE

City of Port Colborne Request to Appear as a Delegation

- If you wish to speak to a non-agenda delegation, please submit this form no later than noon on the Monday prior to the Council Meeting.
- If you wish to speak to an item listed on a published agenda, please submit this form no later than noon on the day of the Council Meeting.

First Name <i>Barbara</i>	Last Name <i>BUTTERS</i>
Organization: (if applicable) <i>Port Colborne Health Coalition</i>	
Address: <i>1152 Weaver Rd</i>	
Telephone: [REDACTED]	Email Address: [REDACTED]

Date of Meeting: MARCH 11 2025

Speaking to an Item on a Published Agenda: Provide Agenda Item number and title:

Speaking:

In support of the recommendation In opposition to the recommendation Other

If other, please specify: _____

Non-Agenda Delegation: Provide details on the matter to be discussed:
(ATTACH ADDITIONAL PAGE IF NEEDED)

*submitting petitions for Mayor & Council
prior to their attendance at Good Roads Conference.*

Will you be attending the Council Meeting in person? Yes No

Do you have material for distribution at the meeting? Yes No

If yes, please specify petitions

Please provide a copy of your presentation/speaking notes.

All material for distribution and electronic presentations must be delivered via e-mail or delivered to the Clerk's Division by noon on the day of the meeting.

Have you previously spoken on this issue? Yes No

If an individual has previously appeared as a delegate, a further delegation from the same individual on the same topic will not be permitted, unless there is significant new information to be brought forward.

Specific New Information I wish Council to review is as follows: (attach additional page if needed).

I have read and understood the delegation information on the back of this form and acknowledge that my name, address, and information and/or correspondence presented to! Committee of the Whole Meeting or Council Meeting, will become public information.

Barbara K. Butten
Signature

Feb 28, 2025
Date

Personal information on this form is collected under the authority of the *Municipal Act, 2001* and will be used to document the names and addresses of delegates, and information presented to Council. The disclosure of this information is governed by the *Municipal Freedom of Information and Protection of Privacy Act*. Questions related to the collection of this information may be directed to the Deputy City Clerk at 905-835-2900 ext.115 or deputyclerk@portcolborne.ca.

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