

# City of Port Colborne Request to Appear as a Delegation

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

First Name	Last Name
Robert	Salewytsch
Organization: (if applicable)	
Niagara Region	
Address:	
1815 Sir Isaac Brock Way	
Telephone:	Email Address:
905-980-6000 ext 3232	
905-960-0000 ext 3232	robert.salewytsch@niagararegion.ca
Date of Meeting: October 11, 2022	
Speaking to an Item on a Dublished Agender Drovide Agende Item number and titler	
Speaking to an Item on a Published Agenda: Provide Agenda Item number and title:	
Speaking:	
In support of the recommendation	
If other, please specify:	
<b>Non-Agenda Delegation</b> : Provide details on the matter to be discussed:	

(ATTACH ADDITIONAL PAGE IF NEEDED)

Update on NRT OnDemand service in Port Colborne

#### **Do you have material for distribution at the meeting?** Tes 🗆 No

If yes, please specify \_

## 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.

Leah Tracey for Rob Salewytsch

September 17, 2022

Signature

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 City Clerk at 905-835-2900 or cityclerk@portcolborne.ca.



Print Form

