



The Corporation of the Town of Cobourg  
Legislative Services Department  
55 King Street West  
Cobourg, ON K9A 2M2

## Delegation Request Form

Please submit the completed Delegation Request Form to the Municipal Clerk in person or by mail to 55 King Street West, Cobourg, ON K9A 2M2, by e-mail to [clerk@cobourg.ca](mailto:clerk@cobourg.ca), or by fax to (905) 372-7558.

### 1. GENERAL INFORMATION

**Name of Delegate(s):**

Ted Williams

**Group/Organization/Business Delegation Represents (if applicable):**

Cobourg Taxpayers Association

### 2. MEETING SELECTION

**I wish to appear before:**

☒ Committee of the Whole    ☐ Regular Council    ☐ Advisory Committee or Local Board

**If appearing before an Advisory Committee or Local Board please specify:**

Press to Select a Committee of Board

**Meeting Date Requested:**

Aug 23, 2021

### 3. DELEGATION REQUEST

**General Nature/Purpose of the Delegation:**

(Clearly state the nature of the business to be discussed & provide a general summary of the information to be presented)

Speak to the Shoreplan presentation on boat handling

**Recommendation to Council/Committee/Board:**

(Please indicate below what action you would like the Town to take with respect to the above-noted subject matter)

see delegation

Have you appeared before the Town of Cobourg's Council or its Committees or Boards in the past to discuss this issue?

☐ Yes ☒ No

**4. PRESENTATION MATERIAL**

Will you have an oral or written presentation? ☐ Oral ☒ Written

Do you have any equipment needs? ☐ Yes ☒ No

If selecting yes, please indicate the type of equipment needed for your presentation:

Please Select the Type of Equipment

**Note: Delegates are required to provide one (1) copy of all background material/presentations prior to the deadline provided in the Delegation Rules and Guidelines below, or it will not be included in the Agenda.**

Please note that information on the first two (2) pages of this form will be printed on a public Agenda.

**5. CONTACT INFORMATION**

Address (Street, Town/City and Postal Code):

Phone:

E-Mail:

**6. ACCESSIBILITY ACCOMODATION**

Do you require any accessibility accommodation? ☐ Yes ☐ No

If yes, what accommodation(s) do you require?

I have read and understood the Delegation Rules and Guidelines attached to this Form and acknowledge that information contained on this Form, including any attachments, will become public documents and listed on the Town of Cobourg Meeting Agenda.

Ted Williams

2021/08/20

Print Full Name

Signature

Date (YYYY/MM/DD)

Municipal Clerk or Designate

Personal information, as defined in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with MFIPPA. Personal information collected in relation to materials submitted for an agenda will be used to acknowledge receipt, however, please be aware that your name is subject to disclosure by way of publication of the agenda. All meetings are open to the public except where permitted to be closed to the public under legislative authority. Questions regarding the collection, use and disclosure of personal information contained in this Form may be directed to Brent Larmer, Municipal Clerk/Manager of Legislative Services at (905) 372-4301 extension 4401, or at [blarmer@cobourg.ca](mailto:blarmer@cobourg.ca).