



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, or by fax to (905) 372-7558.

1. GENERAL INFORMATION

Name of Delegate(s):

Cheryl Blodgett

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

Persons with disabilities

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:

Oct/12/2021

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)

*I will be speaking to cobourg Council
regarding accessibility issues on the
Northumberland mall property.*

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)

I am looking for a quick and satisfactory resolution to these issues with the help of Cobourg Council and Trinity Group.

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  agenda.

Cheryl Blodgett
Print Full Name


Signature

2021/10/7
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.