

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

1.	GENERAL INFORMATION
	Name of Delegate(s): # - margaret + Dan Poung, Gary + Deb Kirton # - Patricia Margan, * Paul + Margaret This by + Bob + Deb Watelin, * Cesar + Sharen Teves Winnie Gerrow
	Group/Organization/Business Delegation Represents (if applicable):
	N / A
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:
	Feb 1.2021 6pm.
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)
	Parking concern in West Park Village, specifically
	Henderson Drive. We are quite concerned about the
	volume of vehicles continuously parking on the
	Street day and night and often days at a time.
	· safety concern regarding our residents
	· snow removal delay
	· snow removal delay · emergency vehicle + garbage pick up - access to our homes
	· school bus route.

	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)
	we feel that "No Overnight Parking" all year round is
	the best solution as it will set a precedent for
	residents to park in their driveways.
	* please note that every house has a garage and
	driveway which will accommodate 3 vehicles
	comfortably.
	Have you appeared before the Town of Cobourg's Council or its Committees or Boards in the past to
	discuss this issue?
-	
	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?

N A

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

Cesar + Sharon Teves

Print Full Name

Signature

Date (YYYY/MM/DD)

documents and listed on the Town of Cobourg Meeting Agenda.

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