



## PUBLIC MEETING DELEGATION FORM

I **do** wish to appear as a delegation and I would like to be informed of Council's decision and receive any further information.

I **do not** wish to appear as a delegation, however, I would like to be informed of Council's decision and receive any further information.

**PLEASE PRINT CLEARLY AND GIVE TO THE CLERK PRIOR TO ADDRESSING COUNCIL.**

DATE: \_\_\_\_\_ ITEM NUMBER: \_\_\_\_\_

TITLE OF AGENDA ITEM: \_\_\_\_\_

*Individual (or name of group) wishing to speak to Council on the above-noted matter*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*STREET ADDRESS*

\_\_\_\_\_  
*TOWN/CITY* *POSTAL CODE*

\_\_\_\_\_  
*TELEPHONE* *E-MAIL ADDRESS*

*Personal information on this form is under the authority of the Planning Act R.S.O. 1990, CHAPTER P.13.as amended, for the purpose of providing further notification. Questions regarding this collection should be directed to the Freedom of Information and Privacy Coordinator, Town of Whitchurch-Stouffville, 111 Sandiford Drive, Stouffville, Ontario L4A 0Z8, telephone 905-640-1910 or 1-855-642-8697 ext. 2222*