

## Legislative Services City Clerk

## **Delegation Request**

For Office Use Only: Meeting Name: Meeting Date:

Please complete this form for your request to delegate to Council or Committee on a matter where a decision of the Council may be required. Delegations at Council meetings are generally limited to agenda business published with the meeting agenda. Delegations at Committee meetings can relate to new business within the jurisdiction and authority of the City and/or Committee or agenda business published with the meeting agenda. **All delegations are limited to five** (5) minutes.

| Attention:<br>Email:                                                                                                                                                                                                                                                                                                                                         | -       |      | k's Office, City of Brampton, 2 Wellington Street West, Brampton ON L6Y 4R2 soffice@brampton.ca Telephone: (905) 874-2100 Fax: (905) 874-2119 |                  |         |                                   |             |                 |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|-----------------------------------|-------------|-----------------|-----------|--|
| Meeting:                                                                                                                                                                                                                                                                                                                                                     |         |      | ty Council<br>ommittee of Council                                                                                                             |                  | 2       | Planning and Other Comm           |             | nent Committe   | <b>∌e</b> |  |
| Meeting Date Requested                                                                                                                                                                                                                                                                                                                                       |         |      | Dec-09-2024                                                                                                                                   | Agenda I         | tem (   | if applicable)                    | :           |                 |           |  |
| Name of Individual(s):                                                                                                                                                                                                                                                                                                                                       |         |      | Harpreet Singh Behl, Gu                                                                                                                       | ırkiran Kaur Be  | ehl     |                                   |             |                 |           |  |
| Position/Title:                                                                                                                                                                                                                                                                                                                                              |         |      |                                                                                                                                               |                  |         |                                   |             |                 |           |  |
| Organization/Person being represented:                                                                                                                                                                                                                                                                                                                       |         |      |                                                                                                                                               |                  |         |                                   |             |                 |           |  |
| Full Address for Contact                                                                                                                                                                                                                                                                                                                                     |         |      |                                                                                                                                               |                  |         | Telephone:                        |             |                 |           |  |
|                                                                                                                                                                                                                                                                                                                                                              |         |      |                                                                                                                                               |                  |         | Email:                            |             |                 |           |  |
| Subject Matt<br>to be Discus                                                                                                                                                                                                                                                                                                                                 | er      |      | nation Report – Applicatio<br>2024-0063                                                                                                       | n to Amend the   | e Offic | cial Plan and 2                   | Zoning By-  | law. City File: |           |  |
| Request to<br>Council/Comm                                                                                                                                                                                                                                                                                                                                   | nittee: | nore | sition to: OZS-2024-0063<br>from the addition of a sho<br>cant relief to the commun                                                           | opping center, l | hospit  | tal or universit                  | y. These fa | cilities would  | provide   |  |
| Attendance:  A formal prese Presentation fo                                                                                                                                                                                                                                                                                                                  | ntation |      | ✓ Remote<br>accompany my delegation<br>PowerPoint File (.ppt)<br>Picture File (.jpg)                                                          | ☐ Adob           |         | ✓ No<br>e or equivalent<br>(.mp4) | (.pdf)      | Other:          |           |  |
| Additional information/materials will be distributed with my delegation:   Yes  No  Attached                                                                                                                                                                                                                                                                 |         |      |                                                                                                                                               |                  |         |                                   |             |                 |           |  |
| Note: Delegates are requested to provide to the City Clerk's Office well in advance of the meeting date:  (i) all background material and/or presentations for publication with the meeting agenda and /or distribution at the meeting, and  (ii) the electronic file of the presentation to ensure compatibility with corporate equipment.  Submit by Email |         |      |                                                                                                                                               |                  |         |                                   |             |                 |           |  |
| Once this completed form is received by the City Clerk's Office, you will be contacted to confirm your placement on the appropriate meeting agenda.                                                                                                                                                                                                          |         |      |                                                                                                                                               |                  |         |                                   |             |                 |           |  |

Personal information on this form is collected under authority of the Municipal Act, SO 2001, c.25 and/or the Planning Act, R.S.O. 1990, c.P.13 and will be used in the preparation of the applicable council/committee agenda and will be attached to the agenda and publicly available at the meeting and on the City's website. Questions about the collection of personal information should be directed to the City Clerk's Office, 2 Wellington Street West, Brampton, Ontario, L6Y 4R2, tel. 905-874-2100, email:cityclerksoffice@brampton.ca.