

## **Chief Administrative Office**

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:   |             | k's Office, City of Bram  | -               | -              |                                 | -            |                       |                  |
|--|-------------|---|-----------------|----------------|---------------------------------|--------------|-----------------------|------------------|
| Email:   |             | soffice@brampton.ca   | relepnone       | 905) 874       | -2100 Fax:                      | . ,          |                       | _                |
| Meeting:   | _           | ity Council<br>committee of Council   |                 | $\exists$      | Other Comm                      |              | oment Committe        | е                |
|  |             |   |                 |                |                                 |              |                       |                  |
| Meeting Date Requested   |             | Nov 17,   | 202¶g           | enda Item (    | (if applicable)                 | 9.3          | .3                    |                  |
| Name of Individual(s):   |             |   |                 |                |                                 |              |                       |                  |
|  |             | Lisa Stokes   |                 |                |                                 |              |                       |                  |
|  |             |   |                 |                |                                 |              |                       |                  |
| Position/Title:  |             | Member of BikeBrampton  |                 |                |                                 |              |                       |                  |
| Organization/Person being represented:   |             | BikeBramptor  | n               |                |                                 |              |                       |                  |
| Full Address for Contact   |             | t:  |                 |                | Telephone:                      |              |                       |                  |
|  |             |   |                 |                | Email:                          |              |                       |                  |
|  |             | Brampton,   |                 |                | Email:                          |              |                       |                  |
| Subject Matt<br>to be Discus   |             | BikeBrampton feedback on Charolais bike lanes   |                 |                |                                 |              |                       |                  |
| Action<br>Requested:   |             | That council continue to support the rollout of the unanimously aproved Active Transportation Master Plan |                 |                |                                 |              |                       |                  |
| A formal presentation will accompany my delegation:   Yes   No   |             |   |                 |                |                                 |              |                       |                  |
| Presentation format:   |             | PowerPoint File (.p<br>Picture File (.jpg)  | pt)             |                | e or equivalent<br>(.avi, .mpg) | t (.pdf)     | Other:                |                  |
| Additional prin  | ted informa | tion/materials will be dis  | stributed wit   | h my deleg     | ation:  Yes                     | ⊠ No         | Attached              |                  |
| Note: Delegates are requested to provide to the City Clerk's Office well in advance of the meeting date:  25 copies of 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             |                  |
| Once this com<br>appropriate me  |             | is received by the City   | Clerk's Office  | ce, you will   | be contacted                    | to confirm   | n your placemen       | t on the         |
|  |             | n is collected under authority  | of the Municipa | al Act. SO 200 | 01, c.25 and/or the             | e Planning A | Act. R.S.O. 1990. c.F | 2.13 and will be |

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 om the City's website. Questions about the collection of personal information should be directed to the Deputy City Clerk, Council and Administrative Services, 2 Wellington Street West, Brampton, Ontario, L6Y 4R2, tel. 905-874-2115.