

Chief Administrative Office

City Clerk

Delegation Request

For Office Use Only: Meeting Name: Meeting Date:

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Council may be r meeting agenda.	required. I Delegatio	for your request to dele Delegations at Council r ons at Committee meeti or agenda business pu	meetings ar	e generally ate to new b	limited to age ousiness withi	enda busir in the juris	ness published water water and auther and auth	ith the ority of
	•	's Office, City of Bramp office@brampton.ca		-	t West, Bram 2100 Fax: (•		
Meeting:		ty Council ommittee of Council			Planning and Other Comm		ment Committee	
Meeting Date Requested		22 April 2024	Age	nda Item (i	f applicable)	7.4		
Name of Individual(s):		Sylvia Roberts						
Position/Title:		Resident						
Organization/Pe being represent								
Full Address for Contact					Telephone:			
					Email:			
Subject Matter to be Discusse		oter Update						
Action Requested:	addre	ssing limitations of the	escooter pil	ot.				
A formal presenta	ation will a	accompany my delegati	on:	Yes	☑ No			
Presentation form	nat:	PowerPoint File (.ppPicture File (.jpg)	ot)	Adobe File Video File (or equivalent .avi, .mpg)	(.pdf)	Other:	
Additional printed	d informati	ion/materials will be dist	tributed with	n my delega	tion: 🗌 Yes	□ No [Attached	
(i) 25 copies distributio	s of all bac on at the r	sted to provide to the C ckground material and/o neeting, and	or presentat	ions for put	blication with t	the meetir	ng agenda and /c	
	eted form i	of the presentation to en is received by the City (la.		-			Submit by E your placement	
used in the preparation City's website. Quest	on of the app ions about th	is collected under authority c blicable council/committee ag he collection of personal infor n, Ontario, L6Y 4R2, tel. 905-	enda and will t mation should	be attached to	the agenda and	publicly avai	lable at the meeting	and om the