

## **Chief Administrative Office**

City Clerk

## **Delegation Request**

For Office Use Only: Meeting Name: Meeting Date:

|  |                                | Dele   | zyaliu                           | inequ                       | มธอเ [                           | 5                          |   |                     |
|--|--------------------------------|--|----------------------------------|-----------------------------|----------------------------------|----------------------------|---|---------------------|
| Council may be r<br>meeting agenda.              | required. I<br>Delegatio       | for your request to dele<br>Delegations at Council r<br>ons at Committee meeti<br>or agenda business pu                              | meetings ar                      | e generally<br>ate to new b | limited to age<br>ousiness withi | enda busir<br>in the juris | ness published water water and auther and auth | ith the<br>ority of |
|  | •                              | 's Office, City of Bramp<br>office@brampton.ca   |                                  | -                           | t West, Bram<br>2100 Fax: (      | •                          |   |                     |
| Meeting:   |                                | ty Council<br>ommittee of Council  |                                  |                             | Planning and<br>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<br>being represent               |                                |  |                                  |                             |                                  |                            |   |                     |
| Full Address for Contact                         |                                |  |                                  |                             | Telephone:                       |                            |   |                     |
|  |                                |  |                                  |                             | Email:                           |                            |   |                     |
| Subject Matter<br>to be Discusse                 |                                | oter Update  |                                  |                             |                                  |                            |   |                     |
| Action<br>Requested:                             | addre                          | ssing limitations of the   | escooter pil                     | ot.                         |                                  |                            |   |                     |
| A formal presenta                                | ation will a                   | accompany my delegati  | on:                              | Yes                         | ☑ No                             |                            |   |                     |
| Presentation form                                | nat:                           | <ul><li>PowerPoint File (.pp</li><li>Picture File (.jpg)</li></ul>   | ot)                              | Adobe File<br>Video File (  | or equivalent<br>.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<br>distributio                     | s of all bac<br>on at the r    | sted to provide to the C<br>ckground material and/o<br>neeting, and  | or presentat                     | ions for put                | blication with t                 | the meetir                 | ng agenda and /c  |                     |
|  | eted form i                    | of the presentation to en<br>is received by the City (<br>la.  |                                  | -                           |                                  |                            | Submit by E<br>your placement   |                     |
| used in the preparation<br>City's website. Quest | on of the app<br>ions about th | is collected under authority c<br>blicable council/committee ag<br>he collection of personal infor<br>n, Ontario, L6Y 4R2, tel. 905- | enda and will t<br>mation should | be attached to              | the agenda and                   | publicly avai              | lable at the meeting  | and om the          |