



Township of Puslinch
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Puslinch, ON, N0B 2J0
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Delegate Request

Meeting Date: _____

Applicant Information

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Purpose of delegation (state position taken on issue, if applicable):

I am submitting a formal presentation to accompany my delegation:

Yes: ____ No: ____

I will require the following audio-visual equipment:

PowerPoint: ____

Note: delegations are permitted to speak for 10 minutes. Your form or letter must be received 24 hours before the preparation of the Council agenda. This usually means at least one week prior to the Council meeting.

Personal Information collected on this form is collected under the authority of the Municipal Act and will be used only for the purposes of sending correspondence relating to matters before Council and for creating a record that is available to the general public in a hard copy format and on the internet in an electronic format in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information may be directed to the Township Clerk's office.

The Township of Puslinch is committed to providing accessible formats and communication supports for people with a disability. If another format would work better for you, please contact the Township Clerk's office for assistance.