

REQUEST TO APPEAR AS A DELEGATE TOWN OF NIAGARA-ON-THE-LAKE

(PLEASE PRINT CLEARLY OR TYPE ON THIS FORM)

Name: Eduardo Lafforgue	E-mail: pres	E-mail: president@niagaraonthelake.com		
Street: 26 Queen Street	Box # / RR #:		Phone #: 905-468-1950	
City: Niagara-on-the-Lake	Postal Code:	L0S1J0	Fax #:	
 ✓(□) Non Agenda Delegation - a preser COTW Agenda and for which no relater than 12 p.m. on the Thursday ✓(□) Agenda Delegation - a presentation □(✓) I have never spoken on this issue 	eport has been pre prior to the COT\ which specificall	epared for Cou V or Council N y addresses a	ncil by Staff must be submitted no leeting COTW or Council Agenda item.	
If an applicant wishes to address an issue be permitted to do so if they bring forward is new must be identified below and is significant new information has not been p □ (✓) I have spoken on this issue befo as follows: (attach a separate page	significant new in subject to approver rovided. re, and the spec	formation. Sp al by the Tow	pecific details on how this information on Clerk. Council will be advised in	
I wish to appear before Council on MA Meeting time is 6:00 p.m. unless otherwise Note: Your request must be made no later	could be, would	be detrimental to	mpediment to recovery which a new tax o business recovery ATE August 30 2021 the schedule meeting.	
I wish to appear before Committee of th				
(Meeting time is 6:00 p.m. unless otherwis	e noted)		DATE	
☐ Community & Development Services ☐ Note: Your request must be made no later	-	•		
I have read and understand the Delegatio contained on this form, including any attac Agendas.			•	
I also understand presentation material presentations must be emailed to peter.too meeting.				
- James	А	ugust 30 202	1	
Signature			Date	
Presentation Requirements: No Y	es (description) _			