



REQUEST TO APPEAR AS A DELEGATE
TOWN OF NIAGARA-ON-THE-LAKE
(PLEASE PRINT CLEARLY OR TYPE ON THIS FORM)

Name: Mary Keith	E-mail: mkeith@niagaranorthfht.ca	
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City: Virgil	Postal Code: L0S 1J0	Fax #: 905-468-7690

- Non Agenda Delegation - a presentation which addresses topics that do not appear on the Council or COTW Agenda and for which no report has been prepared for Council by Staff must be submitted no later than 12 p.m. on the Thursday prior to the COTW or Council Meeting
- Agenda Delegation - a presentation which specifically addresses a COTW or Council Agenda item.

I have never spoken on this issue before and the key points of my presentation are as follows:

The Allied Health Professionals of the Niagara North Family Health Team plan to move to the Village Medical

Centre together with 5 of our physicians. Our current lease ends on December 31, 2021 (1882 Niagara

Stone Rd.) and we would like to request to rent approx. 1380 SF of space from the town in the

basement of the old hospital from mid December 2021 until the new centre is complete (end of April 2022).

If an applicant wishes to address an issue they have previously spoken to as COTW or Council, they will only be permitted to do so if they bring forward significant new information. Specific details on how this information is new must be identified below and is subject to approval by the Town Clerk. Council will be advised if significant new information has not been provided.

I have spoken on this issue before, and the specific new information I wish Council to review is as follows: (attach a separate page(s) if necessary)

I wish to appear before Council on August 30, 2021

(Meeting time is 6:00 p.m. unless otherwise noted) _____ (DATE

Note: Your request must be made no later than 12:00 p.m. on the day of the schedule meeting.

I wish to appear before Committee of the Whole on _____

(Meeting time is 6:00 p.m. unless otherwise noted) _____ DATE

Community & Development Services Corporate Services Operations-Parks & Recreation/Public Works

Note: Your request must be made no later than 12:00 p.m. on the day of the schedule meeting.

I have read and understand the Delegation Protocol on the back of this form and acknowledge the information contained on this form, including any attachments, will become public documents and listed on Town Meeting Agendas.

I also understand presentation materials must be submitted with this delegation form and electronic presentations must be emailed to clerks@notl.com no later than 12:00 p.m. on the day of the schedule meeting.

Mary Keith
Signature

August 5, 2021

Date

Presentation Requirements: No Yes (description) _____

Total Apx Square Footage
= 1,380 SF

730 SF apx

250 SF apx 400 SF apx

- Available
- Family Health Team
- GAMRU S&R
- Life Labs
- NHS – NP
- Palliative Care
- Physio
- Multi-Use Common Area
- Sign-out Board Room
- Not available



**Basement Floor – 176 Wellington St
Current Tenants & Available Space**

DATE: 2021-6-30

SCALE: NTS

REF No:

DWG No: n/a