



## County of Essex Delegation Request Form

**Name of Delegates:** (List all delegates below)

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**Delegate Status:** (check appropriate delegate status)

- Representing a Group/Organization/Business
- Attending as an Individual

Name of Group/Organization/Business

Subject Matter

Date of Meeting (yyyy/mm/dd)

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**Recommendation to Council:**

(Please indicate below what action you would like County Council to take with respect to the above-noted subject matter. Use a separate page if more space is required or attach additional documentation.)

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**Please provide contact information:**

Contact Name:	_____
Contact Phone Number:	_____
Mailing Address:	_____
Email Address:	_____

Notice of Collection: Personal information collected on this form is authorized under the County of Essex Procedure By-law and will be used to contact individuals and/or organizations requesting an opportunity to appear as a delegation before Council. The name and address of the delegates or organizations will be published as part of the meeting agenda which is also posted on the [County Website](#) or [www.countyofessex.on.ca](http://www.countyofessex.on.ca). Questions about this collection can be directed to the **Director of Council Services/Clerk** at (phone) 519-776-6441, ext. 335 or email at [Mary Brennan](mailto:Mary.Brennan@countyofessex.on.ca) or [mbrennan@countyofessex.on.ca](mailto:mbrennan@countyofessex.on.ca).

**Additional Documentation and Presentation Materials: (check “yes” or “no”)**

Additional documentation attached?  Yes  No

Additional documentation to be provided at meeting?  Yes  No

Note: Please provide the Clerk with 25 copies of any printed documentation to be distributed at the meeting.

Will a PowerPoint or any form of audio/visual presentation be made? (Check “yes” or “no”)  Yes  No

Note: An electronic copy of any PowerPoint or audio/visual presentation is required to be submitted to the County Clerk no later than **noon** on the day of the meeting.

**Return completed delegation request form to:**

Mary Brennan  
 Director of Council Services/Clerk  
 360 Fairview Avenue West,  
 Essex, ON N8M 1Y6  
 Phone: 519-776-6441 ext. 335  
 Fax: 519-776-4455  
 Email: [Mary Brennan](mailto:Mary.Brennan@countyofessex.on.ca) or [mbrennan@countyofessex.on.ca](mailto:mbrennan@countyofessex.on.ca)