Delegation Request Form

Please complete this form for a request for delegation. Any written submissions and background information for consideration bu Committee or Council must be submitted to the Clerk's office by 12:00 pm on the Wednesday two weeks prior to the requested meeting.

What is your first name *	What is your last name? *
Althea	Alli
What is your phone number? *	What is your address? *
	Shelburne Ont L9V 2S7
What is your email address? *	Which Council meeting would you like to attend? *
	4/12/2021
I am excited to announce the 2021 Shelburn	e Multicultural Event.
The Virtual Multicultural Event will look a little In recognition of Canadian Multicultural Day	· · · · · · · · · · · · · · · · · · ·
raise the Multicultural Day flag at Town Hall	
raise the Multicultural Day flag at Town Hall of Thank you Althea Alli	
Thank you	

Personal information contained on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act. This sheet and any additional information provided will be placed on the Council agenda. The agenda is a public document and forms part of the permanent public record. Questions about this collection should be directed to the Clerk at 519-925-2600

Town Hall 203 main Street East Shelburne, ON L9V 3K7

Thank-You Althea Alli for completing this delegation request.

We will respond within the next 24-48 business hours.