



2021 Division Road North  
Kingsville, Ontario N9Y 2Y9  
Phone: (519) 733-2305  
www.kingsville.ca  
kingsvilleworks@kingsville.ca

### Delegation to Council Request Form

This Form must be completed and submitted to the Clerk of the Town of Kingsville by all persons wishing to address Council at a scheduled meeting of Council. Please refer to the Delegation Information Sheet for additional information about appearing before Council.

Please note that personal information collected in this Form will be used to properly place the item/issue you wish to discuss in Council's Agenda package. This information will become part of the public record, unless you expressly request the removal of your personal information. Questions about the collection of this information may be directed to the Corporate Services Department.

**Date you wish to appear before Council**  
(Please note: our best efforts will be made to accommodate the requested date):

APRIL 22, 2024

**Full name(s) of person(s) presenting:**

LIZ GATES

**Are you representing a group?**

☒ Yes

☐ No

**Name of Group:**

STR AD HOC COMMITTEE

**Please indicate your position/role in the group:**

SPEAKER

**Will other group members be attending?**

☒ Yes

☐ No

**Address of Presenter or Delegation:**  
(address of main contact for the group, if applicable)

[REDACTED]

**Contact Phone No:**

[REDACTED]

**Alternate Phone No:**

[REDACTED]

**Email:**

[REDACTED]

**Brief summary of the issue(s) you will be presenting to Council:**

- Concern re no municipal oversight Re short term rentals
- Concern re increase in absent landlord rentals in Kingsville
- Concern re increase in residential STR at the expense of neighbourhoods
- Concern re Town noise by-law that is inadequate
- Town's online survey was confusing and ineffective re STR
- Neighbourhoods are under seige and need effective protection
- Need for a joint committee of council /taxpayers to consider solutions

Have you appeared before Council on this issue before? ☐ Yes

☒ No

Have you consulted with staff on this issue before? ☐ Yes

☒ No

If 'yes', please provide name(s) of staff:

\_\_\_\_\_  
\_\_\_\_\_

Will you be providing any handout material to aid your presentation?

☐ Yes

☐ No

*not at this time.*

If yes, please attach 1 copy of the handout material being presented

Do you have any equipment needs for your presentation? ☐ Yes

☒ No

If 'yes', please describe your equipment needs:

\_\_\_\_\_

Do you have any special needs when presenting?

☐ Yes

☒ No

If 'yes', please describe your special needs:

\_\_\_\_\_

April 8, 2024  
Date

*Id. Gates*  
Signature