



2021 Division Road North
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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 22/24

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

Tamara Stomp

Are you representing a group?

☐ Yes

☒ No

Name of Group:

Please indicate your position/role in the group:

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:

(C) [Redacted]

Alternate Phone No:

[Redacted]

Email:

[Redacted]

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

- concerns for short term Rental survey.
- lack of data collection re extent of the problem in Kingsville.
- need for a committee to be struck with residents re options - research for options taken by other municipalities/cities

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: _____

March April 7/24
Date

Tamara Stomp
Signature
Tamara Stomp