

Delegation Request Form

Please note: Delegations shall be permitted to speak not more than ten (10) minutes in total per person, per group, or per organization.

"*" indicates required fields

Name * DARLINE KINNEAR

First

Last

Personal Pronoun *

Phone *

Email *

- He/Him
- She/Her
- They/Them



Who are you representing? *

If representing an organization, please specify which organization.

Please list the name(s) and title(s) of who will be presenting. *

- Myself and
- An organization

FAMILY, NEIGHBOURHOOD WATCH - and CARD

DARLINE KINNEAR

Have you contacted County staff? *

How will you be attending? *

Date of the meeting you plan to attend. *

- Yes
- No

- In-person
- Virtually

mm/dd/yyyy

JUNE 18 - 2024



Brief Description *

In the space below, please summarize the information you wish to present as a delegation. Include such information as to whether you are in support or opposition as well as identifying any questions you wish to have addressed, if applicable. Please note: if you have already been a delegate on this matter, you need to specify the new information you intend to present.

WE ARE IN SUPPORT OF (ONLY) OPTION 1 LEAVE EVERYTHING ALONE.