

Haldimand County Delegation Request – Summary of Submission

Delegation Information

Name: Lesley Powell

Pronouns: She/Her

Email: [REDACTED]

Phone: [REDACTED]

Representing: Herself

Attending: In person

Meeting Information

Requested Meeting Date: July 15, 2025 (Note: Request pertains to July 14th meeting)

Meeting Type: Council Meeting

Previous Presentations to Council in Committee: No

Brief Description of Delegation Topic

I want to speak about the use of the Strong Mayor Powers and the impact on the county.

Consent and Acknowledgements

I confirm the following:

- I (we) have read, understood, and acknowledged the Rules and Procedures relating to Delegations as prescribed by the Procedure By-law.
- I (we) understand and acknowledge that Council and Committee meetings at Haldimand County are audio and video recorded and live-streamed online.
- I (we) understand and acknowledge that the minutes of all Council and Committee meetings at Haldimand County become permanent records.
- I (we) acknowledge and agree to the guidelines for being a delegation.

Privacy Disclaimer

I (we) understand that the personal information contained in this form is collected in accordance with the Municipal Act and will be used for the purpose of responding to the delegation request. Questions about this collection may be directed to the Municipal Clerk at 905-318-5932 or clerk@haldimandcounty.on.ca.