## DELEGATION REQUEST FORM

TDSB will strive to meet the accommodation needs of persons with disabilities; the delegates are encouraged to make their needs for accommodation known in advance of the Committee meeting by e-mail to [delegates@tdsb.on.ca](mailto:delegates@tdsb.on.ca).

All fields, unless marked optional, must be completed for the delegation request to be considered. Incomplete forms will be sent back to the delegate to be completed.

Delegates acknowledge that they have read and understood the Delegation Procedure (PR718) and that information submitted in the form of a written or oral delegation may become part of the public record, given that Board and Committee meetings may be webcast and/or recorded.

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| --- | --- | --- | --- | --- |
| **Type of Delegation (Select: Written or Oral)** |  | | | |
| **Submission Date:** |  | | | |
|  | | | | |
| **First Name:** |  | | | |
| **Last Name:** |  | | | |
| **Title and/or Organization Represented:** |  | | | |
| **Are you a TDSB Employee?** |  | | | |
| **Municipality:** |  | | | |
| **Phone Number:** |  | | | |
| **E-mail Address:** |  | | | |
| **DELEGATION INFORMATION** | | | | |
| **Which committee would you like to speak to?** | Finance, Budget and Enrolment |  | Governance and Policy |  |
| Program and School Services |  | Planning and Priorities |  |
|  |  |  |  |
| **Agenda Topic/Item:** |  | | | |
| **Brief Summary of the Topic of Discussion:** |  | | | |