# Request to Speak at a Meeting

If you are interested in appearing in person at a Council or Standing Committee meeting to present information or an opinion on a matter, please fill in the form below.

#### Full Name \*

Ariel Bautista

#### **Phonetic Pronunciation of Name**

**Pronouns** 

#### Mailing Address \*

Email Address \*

Phone Number \*

#### **Contact Preference \***

🕞 Email

C Telephone

#### Who are you representing? \*

- C Myself
- Group or Organization
- C Another Individual

#### Group or Organization Name (If Applicable)

Alectra Energy Solutions

#### Job or Position Title (If Applicable)

Director, eMobility

#### Township/Town/City \*

Vaughan

#### Postal Code \*

L4h 0a9

#### Will you require an accessibility accommodation? \*

C Yes

🕞 No

### **Presentation Details**

#### **Requested Meeting Type \***

Public Works/Recreation/Area Committee

#### **Requested Meeting Date \***

2/20/2024

Is this delegation request in relation to an agenda item? \*

Yes

#### How would you prefer to attend this meeting? \*

In-Person

C Online

Subject of Delegation *	
EV Charging Stations	
Have you presented on this topic before? *	
€ No	
What is your position on this issue/agenda item? *	
In Favour Opposed Other	
Please provide the key points of your presentation. *	
Quick overview of Alectra Energy Solutions, EV experience and to be available for questions.	
Are you expecting an action and/or recommendation from Council in response to your presentation? *	n
G Yes ⊂ No	
Please explain what response you would like to see from Council.	2
Support staff report on installing EV chargers at community centre.	
Do you have an electronic presentation? *	

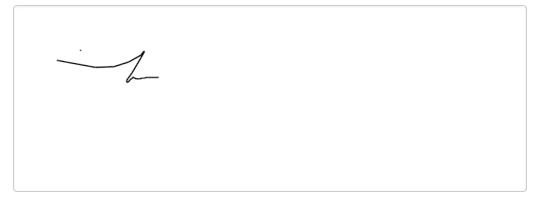
🔿 Yes

### Please provide any additional comments you may have in regards to your delegation request.

#### Acknowledgements and Consent \*

- □ I understand that I only have ten (10) minutes to present.
- I understand that I can only address Council on the same issue once.
- I understand that inappropriate behaviour, action and/or treatment of Council and/or staff will not be permitted before, during or after my presentation.
- I understand that delegations are approved on a first come first serve basis, with a maximum of four being allowed per meeting, and that submission of a delegation request does not guarantee a spot at my preferred meeting.
- I understand that I must present concisely and remain on topic throughout the entire presentation.
- I understand that the Township of West Lincoln Council and Committee meetings are publically broadcast on the internet and that my information will become part of the Township's public record.
- I understand that personal information on this form is collected under the authority of Section 6 of the Township of West Lincoln's Procedural By-Law for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before a Committee or Council.

### Signature \*



#### Date \*

2/13/2024

# Thank You

Thank you for your submission. Please be advised that you will be contacted by email or by phone by a member of the Clerk's Department to confirm your appointment, provide further details and/or clarify any issues.