

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
- Telephone

Who are you representing? *

- Myself
- Group or Organization
- 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? *

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

No

How would you prefer to attend this meeting? *

In-Person

Online

Subject of Delegation *

EV Charging Stations

Have you presented on this topic before? *

Yes

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? *



Yes

No

Please explain what response you would like to see from Council. ?

Support staff report on installing EV chargers at community centre.

Do you have an electronic presentation? *

Yes


No

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 *

A rectangular box containing a handwritten signature in black ink. The signature consists of a horizontal line that curves upwards and then downwards, ending in a small horizontal stroke.

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.