

# Town of Whitchurch-Stouffville Deputation Request Form

The public may request to make a deputation before Council to address matters regarding a report on the agenda **or** a matter relating to community interest or Town business that is not on the agenda and has not been considered within the **six (6) months prior to the requested date of Deputation.**

Deputation requests for items **not** related to a report on the agenda, must be submitted no later than noon (12 p.m.) on the Monday, nine (9) days prior to the meeting.

Deputation requests for items relating to a report on the agenda, must be submitted by 9 a.m. on the day of the meeting.

For additional information or clarification, please contact [councilmeetings@townofws.ca](mailto:councilmeetings@townofws.ca).

[Click here for a printer-friendly version of the Deputation Form.](#)

## Contact Information

**First Name: \***

Christian

**Last Name: \***

Buhagiar

**Street Number and Name: \***

Latcham Hall

**Postal Code: \***

L4A 1G4

**City/Town \***

Whitchurch-Stouffville

**Province/Territory: \***

Ontario

**Phone: \***

**Email Address: \***

christian@stouffvillechamber.ca

## Deputation Information

**Council Meeting Date: \***

11/20/2024



**Subject: \***

Report No. DS-058-24

**Agenda Item Number:**

8.2

**Full name of Spokesperson and Name of Group or Person(s) being Represented:**

Christian Buhagjar, Executive Director, The Whitchurch-Stouffville Chamber of Commerce

**Brief Summary of Issue or Purpose of Delegation: \***

To speak in support of the staff proposal.

**Have you been in contact with a Town staff or Council member regarding your matter of interest? \***

Yes

No

**Full name of Town staff or Council member with whom you spoke: \***

Brandon

**Date: \***

11/15/2024



**Please indicate if you will be providing your deputation in-person or electronically: \***

In Person

Electronically

**I have a presentation file(s): \***

Yes

No

**I acknowledge that the Procedural By-law permits 5 minutes for Deputations. \***

I agree

I disagree

# Thank You for submitting a Deputation Request Form.

You will be contacted by the Town to confirm the details of your request. For additional information or clarification, please contact [councilmeetings@townofws.ca](mailto:councilmeetings@townofws.ca).