

## **Request for Delegation**

FOR OFFICE USE ONLY MEETING DATE YYYY/MM/DD 2021/05/20	MEETING NAME Audit and Risk Commite	ee	Regional Muni 10 Peel Centre	Attention: Regional Clerk Regional Municipality of Peel 10 Peel Centre Drive, Suite A	
DATE SUBMITTED YYYY/MM/DI 2021/04/19	D		Brampton, ON L6T 4B9 Phone: 905-791-7800 ext. 4582 E-mail: <u>council@peelregion.ca</u>		
NAME OF INDIVIDUAL(S)	I				
Trevor Freguson					
POSITION(S)/TITLE(S)					
Audit Partner					
NAME OF ORGANIZATION(S)					
Deloitte LLP					
E-MAIL			TELEPHONE NUMBER	EXTENSION	
tferguson@deloitte.ca			(416) 643-8282		
A formal presentation will acco	mpany my delegation	Yes 🖌 No			
Presentation format:  Powe	erPoint File (.ppt)	🗌 Adobe File or Equ	iivalent (.pdf)		
🗌 Pictu	ıre File (.jpg)	Video File (.avi,.m	pg) 🗌 Other		
Additional printed information/materials will be distributed with my de		ed with my delegation : 🗌 Yes	✓ No	✓ No Attached	
business days prior to the meet	ting date so that it can be i es appearing before <u>Regio</u>	included with the agenda packag	itations to the Clerk's Division at I ge. In accordance with Procedure equested to limit their remarks to	By-law	
	-	ntation material is prepared in a			
Once the above information is r placement on the appropriate a		sion, you will be contacted by Le	egislative Services staff to confirm	i your	
contacting individuals and/or organ Delegation Request Form will be pu 2001, as amended. Please note the Regional Council meetings are audi	<i>(Municipal Freedor)</i> his form is authorized under S izations requesting an opport blished in its entirety with the at all meetings are open to the io broadcast via the internet a	tunity to appear as a delegation be public agenda. The Procedure By-law he public except where permitted to and will be posted and available for v		ee of Council. The the <i>Municipal Act,</i> ated authority. All s. Questions about	

Please save the form to your personal device, then complete and submit via email attachment to council@peelregion.ca