

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2023/12/07	MEETING NAME Regional Council
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Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD
2023/12/06

NAME OF INDIVIDUAL(S)
Sharon Mayne, Sean Meagher

POSITION(S)/TITLE(S)
CEO , ED

NAME OF ORGANIZATION(S)
CFSPD, The Change Lab

E-MAIL smayne@cfspd.com , sean@thechangelab.ca	TELEPHONE NUMBER [REDACTED]	EXTENSION
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INDIVIDUAL(S) OR ORGANIZATION(S) ADDRESS
[REDACTED]

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
Dissolution of Peel

A formal presentation will accompany my delegation Yes No

Presentation format: PowerPoint File (.ppt) Adobe File or Equivalent (.pdf)
 Picture File (.jpg) Video File (.avi,.mpg) Other

Additional printed information/materials will be distributed with my delegation : Yes No Attached