

FOR OFFICE USE ONLY			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
MEETING DATE YYYY/MM/DD	MEETING NAME		
2026/04/23	Peel Regional Council Meeting		
DATE SUBMITTED YYYY/MM/DD	2026/04/17		
NAME OF INDIVIDUAL(S)			
Mia Staios			
POSITION(S)/TITLE(S)			
NAME OF ORGANIZATION(S)			
E-MAIL	TELEPHONE NUMBER	EXTENSION	
[REDACTED]			
INDIVIDUAL(S) OR ORGANIZATION(S) ADDRESS			
[REDACTED]			
REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)			
Request for PEEL Public Health to track heat related illnesses and death.			
A formal presentation will accompany my delegation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Presentation format: <input type="checkbox"/> PowerPoint File (.ppt) <input type="checkbox"/> Adobe File or Equivalent (.pdf)			
<input type="checkbox"/> Picture File (.jpg) <input type="checkbox"/> Video File (.avi, .mpg)			
<input type="checkbox"/> Other <input type="text"/>			
Additional printed information/materials will be distributed with my delegation:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attached			

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