

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2026/04/23	MEETING NAME Regional Council Meeting
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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
2026/04/17

NAME OF INDIVIDUAL(S)
Tanya Burkart

POSITION(S)/TITLE(S)
Chair

NAME OF ORGANIZATION(S)
Peel Acorn

E-MAIL	TELEPHONE NUMBER	EXTENSION
[REDACTED]	[REDACTED]	[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 deaths.

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

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