



## Corporation of the Town of LaSalle

5950 Malden Road, LaSalle, Ontario, N9H 1S4  
Phone: 519-969-7770 Fax: 519-969-4029 www.lasalle.ca

### Delegation Request Form

Please complete this form to speak at a meeting of Town Council or Committee. If filling out by hand, please print clearly.

Please email to arobertson@lasalle.ca, fax to (519) 969-4469, mail or drop off at the Clerk's Department, Town of LaSalle Municipal Office, 5950 Malden Road, LaSalle, Ontario N9H 1S4.

Name: CARL SWATMAN

Organization/Group/Business represented:

Address:

Postal Code: N9J 1C3

Daytime Phone Number:

Home Phone Number:

Email Address:

Date of Meeting:

Is this an item on the Agenda? Yes \_\_\_ No ☒

Agenda item Number:

I wish to address Council/Committee: Yes ☒ No \_\_\_

Describe in detail the reason for the delegation and what action you will be asking Council/Committee to take (if applicable):

PROBLEM WITH AREA STORM DRAIN  
DRAIN IN WRONG LOCATION

Please submit all materials at least 5 days before the meeting.

-standing water on  
driveway - floods  
during heavy rain  
- landscaping 2 1/2 inches  
above driveway  
- already spoke to  
m. Beggs.

RECEIVED

AUG 11 2020

COUNCIL SERVICES  
TOWN OF LASALLE