



Corporation of the Town of LaSalle

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

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Delegation Request Form

COUNCIL SERVICES
TOWN OF LASALLE

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 ljean@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: William Magyar

Organization/Group/Business represented: _____

Address: 621 front rd

Postal Code: N9S2A2

Daytime Phone Number: _____ Home Phone Number: _____

Email Address: _____

Date of Meeting: Dec 8th 2020

Is this an item on the Agenda? Yes ☒ No ☐

Agenda item Number or Topic (if applicable): Alley 12

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 (attach separate sheet if necessary):

I would like the opportunity to buy part of the alley. All my neighbours were sent letters to buy portions of the alley. Except for me. My grandmother Anna Magyar owned the property before me for 20 years and we have always maintained our part of the alley.

Please note that your name may become part of a public record in an electronic and paper format i.e. council agenda, to enable Council to make its decision on the matter.

☒ I Agree ☐ I Disagree