

DECISTRATION

Oral Deputations Registration Form

The City of Toronto Act, 2006 and the City of Toronto Municipal Code authorize the City of Toronto to collect any personal information in your communication or presentation to City Council or its committees.

The Toronto Local Appeal Body collects this information to enable it to make informed decisions on the relevant issue(s). If you are submitting letters, faxes, emails, presentations or other communications to the Toronto Local Appeal Body, you should be aware that your name and the fact that you communicated with the Toronto Local Appeal Body will become part of the public record and will appear on the Toronto Local Appeal Body's website. The Toronto Local Appeal Body will also make your communication and any personal information in it – such as your postal address, telephone number or email address – available to the public, unless you expressly request the Toronto Local Appeal Body to remove it.

☐ Please check this box to request that personal information you are submitting be removed from
the public record and from any list which may be distributed to any person who requests it,
including Members of the Toronto Local Appeal Body, government employees and the public.
If you are communicating as a Representative of an organization, resident's association, an

If you are communicating as a Representative of an organization, resident's association, an applicant, etc., the identifying information you provide including name, address and contact information will not be considered personal information as you are acting in a business, professional or official capacity. All information you provide will be part of the public record and may be distributed to anyone who requests it, including Members of the Toronto Local Appeal Body, government employees and the public.

REGISTRATION		
I wish to make an Oral Presentation		
Yes No		
Rule Number(s) to be addressed:		
REGISTRANT INFORMATION		
Organization Name (if applicable)	Title (if applicable)	
First Name	Last Name	
Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.		
Single Name		
Telephone Number	Email	
Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province) Postal Code		
Signature		

