



DELEGATION REQUEST FORM

LENGTH OF PRESENTATION is 5 minutes and proclamations 2 minutes

NAME (First and Last) _____

Are you representing a group? Yes, Group Name: _____ No

Your Address (Postal Code also) or Group Contact Address: _____

PHONE:
(HOME) _____ (OFFICE) _____ (CELL) _____

FAX: _____ E-MAIL ADDRESS: _____

Your title or interest in the group? _____

Will other representatives be attending? Yes No

Names & Address of representatives attending with you:

What is the issue you are requesting to attend before Council to discuss?

Have you appeared before Council in the past regarding this issue? Yes No

SPECIAL NEEDS? _____

WRITTEN OR ORAL PRESENTATION? Oral Written Written Presentation Attached

*Please provide the Clerk's Office with a copy of your written presentation by
Tuesday morning prior to the Council Meeting.*

Do you require copy of staff report? (not available until Friday a.m.) Pick Up Fax Email

Office Use:

Date Request Received: _____ Request Received by (Initials): _____

Date Requesting to Appear before Council: _____

LF Initials: _____ email to: _____

This request to appear before Council is regarding:

Staff Report _____ Staff Name: _____