DELEGATION REQUEST FORM

Council or Committee Meeting
Date Requested:

Date:

Applicant Name
(and title if applicable)

Organization Name
(if applicable)

Address:

Telephone of contact person:

E-mail address:

Please Note: All Delegations are limited to ten (10) minutes

Subject Matter of Delegation:

Note: If requesting action of Council, you **must** detail all information necessary to inform Members of Council or Committee of your request. If necessary, add a separate sheet and attach.

Purpose of Delegation /Petition:

- ☐ Information only
- ☐ Requesting funding
- ☐ Requesting letter of support
- ☐ Other (provide details)

Name of individual(s) giving the delegation (max 2 speakers)

1.

2.

Documentation to be provided:

Please outline the type of information to be forwarded:

- ☐ Handouts
- ☐ Power-Point presentation
- ☐ Publication in the Agenda (one original or electronic copy) must be provided to the Clerk no later than 12 Noon Friday, prior to the meeting.

Technical Requirement

☐ Projector ☐ Other (provide details)

By typing my name, I, understand and agree to the procedures for a Delegation as detailed within this Schedule and agree to abide by them.
Date: