

Request to appear as a Delegation

Preferred Date of Council Meeting for Delegation:

Your Name: _____

Street Address: _____

City: _____ Postal Code: _____

Res. Telephone: _____ Bus. Telephone: _____

Representing: _____ Self or _____ Representing Other

Name of Individual you are Representing: _____

Reference: _____

Provide a brief Description of the Reason for the Delegation Request:

