Municipality of Grey Highlands | The place for all seasons

Request to appear as a Delegation

Date of Council Meeting:

_____

You're Name:

_____

Street Address:

_____

City: _____Postal Code: _____

Res. Telephone: (__) _____ Bus. Telephone: (___) _____

Representing Self ☐ or Representing Other ☐ If other please complete next line.

Representing:

_____

Reference:

_____

Reason Appearing:

_____

_____

_____

Notes:

_____

_____

_____

Action Taken:

_____

_____

_____

The Municipality of Grey Highlands

206 Toronto Street South, Unit One P.O. Box 409 Markdale, Ontario N0C 1H0

☎519-986-2811 Toll-Free ☎1-888-342-4059 Fax 519-986-3643

www.greyhighlands.ca info@greyhighlands.ca