

VILLAGE OF PORT ALICE

INCORPORATED A.D. 1965



**DELEGATION
REQUEST
FORM**

REQUEST TO APPEAR AS A DELEGATION
Regular Council Meeting

TO BE HELD _____ AT _____ P.M.
Date Time

NAME OF PERSON MAKING PRESENTATION: _____

NAME OF APPLICANT IF DIFFERENT THAN ABOVE: _____

NAME OF ORGANIZATION (if applicable): _____

Mailing Address: _____

Phone: _____
Business Home

Fax: _____

DETAILS: Please provide complete information on the nature of your presentation. If applicable, provide one set of submission documents in letter size format for copying purposes. All requests and documentation must be received by the Corporate Officer by 5pm on the Thursday prior to the meeting date for consideration. Delegation requests that do not meet the criteria of Procedure Bylaw #595 will not be processed.

Signature

Date

Office Use Only

Received by: _____

Date & Time: _____

Approved: _____ Not Approved: _____ for Meeting Date: _____