

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: \_\_\_\_\_