



VILLAGE OF PORT ALICE

INCORPORATED A.D. 1965

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 sized format for photography purposes. All requests and documentation must be received by the Administration Department by Twelve Noon on the Monday prior to the meeting date for consideration. Delegation requests that do not meet the criteria of Procedure Bylaw #366/442 will not be processed.)
