

Township of McMurrich/Monteith

Request for Delegation

At a Council Meeting to be held _____

Name: _____

Address: _____

Phone #: _____

Reason for requesting Delegation (Max 15 minutes):

What action are you hoping to receive from Council?

WRITTEN PRESENTATION TO BE PROVIDED TO THE CLERK.

Communications addressed to Council and its Advisory Committees will become part of the public record and will be placed on a public agenda. Anonymous communications sent to Council or to its Committees will NOT be accepted.

I acknowledge that personal information contained within my communication(s) may become part of the public record and may be made available to the public through the Council/Committee process.

SIGNATURE: _____ DATE: _____