

REQUEST FOR DELEGATION STATUS

APPLICANT INFORMATION	
NAME:	DATE:
ADDRESS:	
ORGANIZATION INFORMATION	
NAME:	
PHONE:	E-MAIL:
MEETING INFORMATION	
COUNCIL or COMMITTEE REQUESTED:	
DATE REQUESTED:	NUMBER ATTENDING:
NAME(S) OF PRESENTER(S):	
WILL WILL NOT NEED PRESENTATION EQUIPMENT	
TOPIC TO BE PRESENTED:	
NATURE OF REQUEST / CONCERN:	

***NOTE:** Notification of Delegation Request must be received by 12:00 noon on the Tuesday prior to the requested Council or Committee meeting. If approved, presentations are to be restricted to ten (10) minutes, unless notified otherwise. (Per Policy 01-0570-A - Council Resolution 01-514)*

