

## 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)*

