



MUNICIPALITY OF

# South Bruce

## DELEGATION REQUEST FORM

Please ensure this form is completed, with an attachment outlining your request for a delegation. This request must be received by the Clerk no later than 12:00 noon on the Thursday, prior to the requested meeting.

<b>Requested Date:</b>	
<b>Name of Person(s) Making Presentation (and title/position, if applicable):</b>	
<b>Group/organization Delegation Represents:</b>	
<b>Full Mailing Address of Delegation(s):</b>	
<b>Telephone #:</b>	<b>Email Address:</b>
<b>General Nature/Purpose of Delegation:</b> Clearly state the nature of the business to be discussed and provide a general summary of the information to be presented. Attach, in an appropriate accessible format, any correspondence/ presentation material being given or presented to council to this request. Please note anything not submitted by the deadline will not be permitted at the time of the meeting.	
<b>Please indicate the action/decision being requested of Council:</b>	

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Personal information contained on this form is collected under the authority of *The Municipal Freedom of Information and Protection of Privacy Act*. This sheet and any additional information provided will be placed on the Council Agenda and posted on the corporate website. The Agenda is a public document and forms part of the permanent public record. For Further information on the procedure for appearing before Council as a delegation please contact the Municipal Clerk.

Questions about this collection should be directed to the Clerk at 519-392-6623 | Municipality of South Bruce 21 Gordon Street, Teeswater, ON N0G 2S0 | Email: [vkennedy@southbruce.ca](mailto:vkennedy@southbruce.ca)

### OFFICE USE:

Confirmed with requestor on \_\_\_\_\_ (date) by \_\_\_\_\_ (phone/email)