



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 4:30 p.m. on the Tuesday (one week), prior to the requested meeting.

Requested Date:	
Name of Person(s) Making Presentation (and title/position, if applicable):	
Group/organization Delegation Represents:	
Full Mailing Address of Delegation(s):	
Telephone #:	Email Address:
General Nature/Purpose of Delegation: 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.	
Please indicate the action/decision being requested of Council:	

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

OFFICE USE:

Confirmed with requestor on _____(date) by _____(phone/email)