

Delegation Information Sheet

for Presentation to Council by Individuals & / or Groups



1. Delegate Information:

Name (s): _____

Organization or Group (if applicable): _____

Address: _____

City / Prov: _____ Postal Code: _____

Home Ph: _____ Cell Ph: _____

Bus Ph: _____ Fax: _____

Email: _____

2. Please indicate the preferred date and at least one alternative date for the presentation.

3. Purpose of the presentation and key points:

4. Copy of presentation will be available for pre-distribution at least five days prior to the meeting. YES NO

YOU ARE ONLY ALLOTTED 5-10 MINUTES TO PRESENT

Presentations to Council are to be conducted in a manner which is respectful to both Council and RM Employees

For office use only:

Date of Appearance: _____

Time of Appearance: _____

Approved by the Reeve: _____