

DELEGATION REQUEST FORM



This form is being requested to be addressed in:

City Council (specify): 3:00 p.m. 6:00 p.m.

Committee Meeting (specify): Community Services Corporate Services Infrastructure & Economic Development
 Protective & Social Services

Date of Appearance

*To view the meeting schedule calendar online, please visit our [Agenda, Meetings, Minutes](#) page.

CONTACT INFORMATION

Name	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>

TOPIC OF DISCUSSION:

Please describe in 3 sentences or less:

What change would you like to see as a result of this meeting?

*Please attach any supporting documents/photos upon submitting your completed form.

OFFICE USE ONLY:

Added to Agenda Referred to: _____

Other departments required to be in attendance? _____

In Camera? Yes No

Notification to Director of Service Area? Yes No