

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