

Clear Form

Print Form

### This form is being requested to be addressed in:

<input type="checkbox"/> <b>City Council:</b> (specify)	<input type="checkbox"/> 3:00 p.m.	<input type="checkbox"/> 6:00 p.m.
<input type="checkbox"/> <b>Committee Meeting:</b> (specify)	<input type="checkbox"/> Community Services	<input type="checkbox"/> Corporate Services
	<input type="checkbox"/> Protective & Social Services	<input type="checkbox"/> Infrastructure & Economic Development
<input type="checkbox"/> <b>Meeting Type:</b> (specify)	<input type="checkbox"/> Remote Access	<input type="checkbox"/> In Person
<b>Date of Appearance</b>	*To view the meeting schedule calendar online, please visit our <b>Agenda, Meetings, Minutes page.</b>	

### Contact Information

<b>Name</b>			
<b>Address</b>		<b>City</b>	
<b>Province</b>		<b>Postal Code</b>	
<b>Phone</b>		<b>Email</b>	

### 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.

### For Office Use Only

<input type="checkbox"/> <b>Added to Agenda</b>	<input type="checkbox"/> <b>Referred to:</b>
<b>Other departments required to be in attendance?</b>	
<b>Notification to Director of Service Area?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>In Camera?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No