



SCHEDULE B - DELEGATION REQUEST FORM

Council or Committee Meeting
Date Requested:

Date:

Applicant Name
(and title if applicable)

Organization Name
(if applicable)

Address:

Telephone of contact person:

E-mail address:

Please Note: All Delegations are limited to ten (10) minutes

Subject Matter of
Delegation:

Purpose of
Delegation
/Petition:

Note: If requesting action of Council, you **must** detail all information necessary to inform Members of Council or Committee of your request. If necessary, add a separate sheet and attach.
Information only
Requesting funding
Requesting letter of support
Other (provide details)

Name of individual(s)
giving the delegation
(max 2 speakers)

1.
2.

Documentation to be
provided:

Please outline the type of information to be forwarded:

Handouts
Power-Point presentation
Publication in the Agenda (one original or electronic copy) must be provided to the Clerk no later than 4:00 p.m. 9 days prior to the meeting. Council Meeting deadline is Mon. at 4p.m.

Technical
Requirement

Flipchart Television Screen Other (provide details)

By typing my name, I, _____ understand and agree to the
procedures for a Delegation as detailed within this Schedule and agree to abide by them.

Date: