



TOWNSHIP OF MELANCTHON

DELEGATION REQUEST FORM

Request for Delegation, any written submissions and background information for consideration by Council must be submitted to the Clerk's Office by 12:00 noon on the Thursday, **prior to the requested meeting.**

REQUEST DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

Purpose of Delegation Request (state position taken on issue, if applicable).

REMINDER - DELEGATIONS ARE ALLOWED 10 MINUTES TO SPEAK

Personal information contained on this form is collected under the authority of *The Municipal Freedom of Information and Protection of Privacy Act*. This sheet and any additional information provided will be placed on the Council Agenda. The Agenda is a public document and forms part of the permanent public record. Questions about this collection should be directed to the Clerk at 519-925-5525.

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