

## **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 Wednesday of the week **prior to the requested meeting.** 

| REQUEST DATE:                             |                                      |
|---|--------------------------------------|
| NAME:                                     | PHONE:                               |
| ADDRESS:                                  |                                      |
| EMAIL ADDRESS:                            |                                      |
| SIGNATURE:                                |                                      |
|   |                                      |
| Purpose of Delegation Request (state posi | tion taken on issue, if applicable). |
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| Purpose of Delegation Request (state posi |                                      |
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## **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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