

**Delegation Request to Appear before Council**  
(This form is mandatory before any request is considered)

Name of person and associate or organization wishing to appear:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Topic of discussion: (please be specific, provide details, and attach additional information if required)

**Purpose of presentation:**

Information

Requesting a letter of support

Requesting funding

Other (provide details)

**Please Note:** Your delegation is not confirmed until you are contacted by the Deputy Clerk to confirm your place on the agenda.