



RM OF WOODLANDS

PLEASE ENSURE THIS FORM IS FULLY COMPLETED

PLEASE RETURN THIS APPLICATION VIA EMAIL TO cao@rmwoodlands.ca OR

VIA FAX: (204) 383-5169 OR HAND DELIVER TO THE RM OFFICE

NO LATER THAN **THURSDAY AT NOON** PRIOR TO COUNCIL/COMMITTEE MEETING DATE

REQUEST TO APPEAR AS A DELEGATION BEFORE COUNCIL/COMMITTEE OF THE WHOLE

DATE OF MEETING:

NAME OF DELEGATE / ORGANIZATION:

FULL ADDRESS OF DELEGATE:

**TELEPHONE # :
(CELL CONTACT):**

EMAIL ADDRESS:

SPOKESPERSON(S):

GENERAL NATURE OF PRESENTATION:

PLEASE INDICATE THE ACTION BEING REQUESTED BY COUNCIL:

DELEGATIONS HAVE 20 MINUTES TO ADDRESS COUNCIL. GROUPS ARE ENCOURAGED TO APPOINT ONE OR TWO SPOKESPERSONS TO ADDRESS COUNCIL ON BEHALF OF THE GROUP. THE GROUP IS LIMITED TO 20 MINUTES FOR ITS DELEGATION.