

DELEGATION REQUEST TO APPEAR BEFORE COUNCIL

Name of Individual/ Organization:

Council Meeting Date Requested:

Topic: (If necessary, please attach additional correspondence) Information Attached

Contact Information: Name (if different from above):

Mailing Address:

Phone Number:

Email:

NOTE: All documents provided are open to the public. If you are providing communication to the township please be aware that your name and information will appear on the Township's website and become part of the public record, unless you expressly request the Township to remove it. If requesting a closed (In-Camera) meeting with Council, the subject matter must meet the requirements of section 239(2) of the Municipal Act.

Additional Information:

- 1. Delegations on an agenda shall be determined on a first come first served basis.
- 2. No more than two (2) delegations shall be heard at any meeting.
- 3. Delegations shall be limited to ten (10) minutes of presentation time

3560 County Rd 26 RR 2 Prescott Ontario, ON K0E 1T0 Phone 613-925-4231 Fax 613-925-3499 asimonian@augusta.ca