



Request to Appear as a Delegation

Preferred Council Meeting Date: _____

Second choice(s): _____

Subject matter: _____

Name of person(s) making presentation: _____

Estimated time: _____

Address: _____ Phone: _____

_____ Email: _____

Please provide details of your presentation:

Please note:

- Council meetings are held on the second and fourth Monday of every month and commence at 7:00 p.m. If the Monday is a holiday the Council meeting will be held on the next business day.
- This form and its contents will become part of the public record.
- Written copies of your submission must be presented to the Town Office by Noon on the Wednesday before the meeting, either by email, fax or in person.
- Delegations are limited to a maximum of ten (10) minutes as set out in the Town's Council Procedure Bylaw 1592-2016.

Contact Town Office: Phone: 403.227.3376 Fax: 403-227.4045
4943 - 53 Street, Innisfail, AB
townhall@innisfail.ca

Attn:
Todd Becker, Chief Administrative Officer

OFFICE USE ONLY

SIGNATURE OF CAO: _____ CONFIRMED DATE/TIME : _____