



TOWN OF SHELBURNE

DELEGATION REQUEST FORM

Request for delegation, any written submissions and background information for consideration by Committee or Council must be submitted to the Clerk’s office by **3:00 pm two weeks prior to the requested meeting.**

REQUEST DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

Purpose of delegation request (state position taken on issue, if applicable).

REMINDER – DELEGATIONS ARE ALLOWED 15 MINUTES TO PRESENT

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 519-925-2600.

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