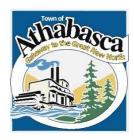


Council Delegation Form

Reque	sted Meeting Date:			
Council meets on the first & third Tuesday of each month at 6:00 p.m.				
Name of Person(s) or Group(s) wishing to appear before Council:				
Subject of Delegation:				
Length of Time Required (10 Minute Max):				
Purpos	se of Delegation:			
	Information Only			
	Requesting a Letter of Support			
	Funding Request			
	Other (Provide Details)			
Suppo	rting Documentation:			
Supporting Documentation: Supporting documentation is required for publication in the Agenda and must be provided by 12:00 p.m. on				
	rsday prior to the meeting date.			
Techni	ical Requirements:			
	Laptop for Flash Drive			
	Zoom Link to Attend Virtually			
	Other			



Athabasca, AB T9S 1B7

Council Delegation Form

Contact Information:				
Name				
	e:			
Email:				
Mailing	ng Address:			
How do you wish to receive correspondence from Council:				
	Email			
	Mail			
Date:		Signature:		
Please submit completed form to:				
Email:	: legservices@athabasca.ca			
Fax:	780-675-4242			
Mail:	4705 49 Avenue			