

Council Delegation Form

Requested 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): _____

Purpose of Delegation:

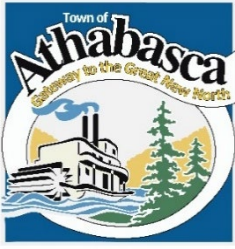
- Information Only
- Requesting a Letter of Support
- Funding Request
- Other (Provide Details)

Supporting Documentation:

Supporting documentation is required for publication in the Agenda and must be provided by 12:00 p.m. on the Thursday prior to the meeting date.

Technical Requirements:

- Laptop for Flash Drive
- Zoom Link to Attend Virtually
- Other _____



Council Delegation Form

Contact Information:

Name: _____

Phone: _____

Email: _____

Mailing 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
Athabasca, AB T9S 1B7