

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:



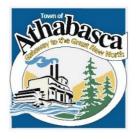
Laptop for Flash Drive

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Zoom Link to Attend Virtually

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Other



Council Delegation Form

Contact Information:				
Name	:			
Phone	:			
Email:				
Mailin	g 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			

The personal information requested on this form is being collected by the Town of Athabasca under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, for the purpose of providing correspondence relating to matters before Council. If you have any questions about the collection and use of this information, please contact the Town of Athabasca FOIP Coordinator at 4705 - 49 Avenue, Athabasca, AB T9S 1B7 780-675-2063.