



**THE CORPORATION OF THE
TOWNSHIP OF MATACHEWAN**

COUNCIL DELEGATION REQUEST FORM

Date: _____

Date of the Council Meeting for which you are making a request to appear on the
Agenda: _____ [Request must be made a minimum of seven (7) days in advance.]

Name of Ratepayer making the Request: _____

Title/Position of Requestor: _____

Street Address: _____

Mailing Address: _____

Daytime Telephone Number: 705-565-_____

Email Address: _____

Proposed Subject/Topic for discussion [A maximum of one topic, clearly identified and accompanied
by all pertinent documentation. A maximum of fifteen (15) minutes speaking time will be allocated.]:

Signature of Requestor: _____

Received by: _____

ALL FIELDS MUST BE COMPLETED IN FULL IN ORDER TO BE CONSIDERED!