



**THE CORPORATION OF THE
TOWNSHIP OF MATACHEWAN**

COUNCIL DELEGATION REQUEST FORM

Date: _____

Date of the Regular Council Meeting for which you are making a request to appear on the

Agenda: _____ [All requests **must** be made a minimum of **two(2)** days in advance
of the Monthly Agenda Meeting.]

Name of Ratepayer making the Request: _____

Title/Position of Requestor: _____

Address: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

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

Signature of Requestor: _____

Received By: _____

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

P.O. Box 177, Matachewan, ON P0K 1M0

township@ntl.sympatico.ca
www.matachewan.com

Phone: 705-565-2274