

5786 Simcoe County Rd. #21
Utopia , Essa Township, ON
L0M 1T0



Telephone: (705) 424-9770
Fax: (705) 424-2367
Web: www.essatownship.on.ca

Request for Delegation before Council at Committee of the Whole

Person(s) to Appear: _____

Preferred Date: _____ Alternate Date: _____

Name	Title/Organization	Telephone Number

Please provide a general outline of the subject matter:

**Note that 10 minutes is allotted for the delegation.*

Letter submitted with request: Yes No

Person(s) Requesting Appearance (if different from those appearing):

Name	Title/Organization	Telephone Number

Mailing Address: _____

Name	Title/Organization	Telephone Number

Mailing Address: _____

The following equipment is requested: Projector Laptop

** Note that those wishing to conduct a presentation must provide an electronic version of their presentation, in Microsoft PowerPoint, 48 hours in advance of the meeting to the Clerk's Office, otherwise the presentation will not be permitted to take place.

Date Submitted _____ Signature of Person Requesting Appearance _____

Reminder: **A written and signed letter outlining the subject matter of the delegation must be provided to the Clerk's Office by 4:30 p.m. Wednesday the week prior to the meeting.** Additional material may be circulated/presented at the time of the delegation. Scheduling will be at the discretion of the Clerk. There is no guarantee that by requesting a certain date(s) your delegation will be accepted.

Disclaimer: Please note that the submission of this form does not guarantee the approval of your request. All information submitted will be considered public information and therefore subject to full disclosure under the Municipal Freedom of Information and Protection of Privacy Act.