



ENGLEHART - ONTARIO

THE CORPORATION OF THE TOWN OF ENGLEHART
COUNCIL DELEGATION REQUEST FORM

Date: _____

Date of the Council Meeting for which you are making a request to appear: _____
(Must be made at least the Wednesday prior to the meeting)

Name of Person making the request: _____

Street Address: _____

Mailing Address: _____

Daytime Telephone Number: _____

Email Address: _____

Topic of Discussion: (A maximum of one topic, clearly identified and accompanied by all pertinent documentation. A maximum of ten (10) minutes speaking time will be allocated.)

Signature of Requestor: _____

Received by: _____

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

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