

DELEGATION REQUEST FORM



Date: _____

Person Making Request: _____

Civic Address: _____

Email Address: _____

Cell Phone: _____

Reason for Request:

Person(s) attending: _____

Or on behalf of Group/Organization: _____

****BY SUBMITTING THIS FORM IT IS AFFIRMATION THAT THE INFORMATION PROVIDED
IS TRUE AND CORRECT AND THAT IT MAY BE USED IN FORMAL PROCEEDINGS****

If you have already been a delegate on this matter, you need to specify the new information you intend on sharing in your reason for request. Delegations with no new information will be denied.

(This section to be completed by Town of Redvers staff)

Office Request Received By: _____

Request approved or denied? _____

****ATTACH COPY OF ANY CORRESPONDENCE****

Comments (if any):


EMPLOYEE RECEIVING REQUEST


C.A.O.


RESIDENT SUBMITTING REQUEST