

## **DELEGATION REQUEST FORM**

## REQUEST TO APPEAR AS A DELEGATION AT THE COUNCIL MEETING

TO BE HELD _	year r	nonth	<b>AT</b>	P.M.
W-180700000000000000000000000000000000000				
NAME OF PERSON MAKING PRESENTATION:				
NAME OF ORGANIZATION: (if applicable):				
NAME OF APPLICANT IF OTHER THAN ABOVE:				
ADDRESS:street address		city	province	postal code
PHONE:	<u></u> F	AX:		<del></del>
	E	E-MAIL:		
business				
PLEASE IDENTIFY EQUIPMENT NEEDS:				
Laptop: Yes No Pro	jector: 🗌 Yes	□ No	Software:	
DETAILS OF PRESENTATION:				
DETAILS OF FRESENTATION.				

## Note:

Please submit a written copy of your presentation to the office by the Thursday, prior to the meeting.

MUNICIPAL HALL #1 Opal Drive, Logan Lake, V0K 1W0 Phone: (250)523-6225 Fax: (250)523-6678 e-mail: districtofloganlake@loganlake.ca