

**DELEGATION REQUEST FORM**

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

TO BE HELD \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ AT \_\_\_\_\_ P.M.  
year month day

**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:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
home

\_\_\_\_\_ **E-MAIL:** \_\_\_\_\_  
business

**PLEASE IDENTIFY EQUIPMENT NEEDS:**

**Laptop:**  Yes  No    **Projector:**  Yes  No    **Software:** \_\_\_\_\_

**DETAILS OF PRESENTATION:**

\_\_\_\_\_

**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](mailto:districtofloganlake@loganlake.ca)**