

Township of Schreiber
Mayor and Council
204 Alberta Street, P.O. Box 40
Schreiber, Ontario
P0T 2S0

Request to Appear Before Council Form

Date: _____

Name of Person(s) Requesting Delegation: _____

Contact Information: _____

Please consider my request to attend the regular meeting of Council to be held
_____.

Please provide a brief summary of what it is you wish to address Council
concerning:

Signature

****Note: If there is any documentation that you would like Council to consider as part of your delegation, the documentation must be given to the Clerk no later than 4:00 p.m. on the Wednesday prior to the meeting date.***