



TOWN OF MIDLAND DEPUTATION REQUEST FORM

Council Meeting Date Requested: _____

***Attachment: Deputation Procedures (Excerpt from Procedure By-law 2010-42)**

All presentation material must be submitted to the Clerk's Office by 1:00 p.m. on the Wednesday prior to the requested meeting date. Any material not provided in advance that is to be distributed at the meeting must be provided to the Clerk for distribution prior to commencement of the meeting.

PERSON REQUESTING DEPUTATION: _____

CONTACT DETAILS: Email: _____

Phone (B): _____ Phone (H): _____ Phone (Cell): _____

Mailing Address: _____

DETAILS OF DEPUTATION: Please print clearly. Attach extra pages if necessary.

Will you be providing a PowerPoint presentation? Yes No

Have discussions or correspondence taken place with a member of Council or Department Head and if so, with whom and when?

Are you speaking: a) on your own behalf; or
b) on behalf of a group/organization

Name and Signature of Individual Participating in Deputation:

Name: _____ Signature: _____ Date: _____

Personal information on this form is collected under the legal authority of the Municipal Act, S.O. 2001, c.25 as amended. The information is collected and maintained for the purpose of creating a record that is available to the general public pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk's Office, the Corporation of the Town of Midland, 575 Dominion Avenue, Midland, ON L4R 1R2

OFFICE USE ONLY:
APPROVED ON: _____

SCHEDULED FOR: _____