



# TOWN OF MIDLAND DEPUTATION REQUEST FORM

Council Meeting Date Requested: \_\_\_\_\_

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

All presentation materials **must** be submitted to the Clerk's Office by 1:00 p.m. on the Wednesday prior to the requested meeting date.

**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: \_\_\_\_\_