



Unity

DELEGATION REQUEST FORM

NAME OF DELEGATE(S): _____

DELEGATION STATUS:

Representing a Group/Organization/Business Attending as an Individual

(Name of Group/Organization/Business)

SUBJECT MATTER: _____

DATE OF MEETING: _____

RECOMMENDATION TO COUNCIL/COMMITTEE:

Please indicate below what action you would like the Town to take with respect to the above-noted subject matter. Use a separate page if more space is required or attach additional documentation.

For Internal Use Only

CONTACT INFORMATION:

CONTACT NAME: _____

CONTACT NUMBER: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

Notice of Collection: personal information collected on this form is authorized under the Town of Unity Policy No. 3.35 and will be used to contact individuals and/or organizations requesting an opportunity to appear as a delegation before Council or Committees. Page 1 of the Delegation Request form, as well as the information submitted therewith, will be distributed at the public meeting. Questions about this collection can be directed to the Town Clerk at P.O. Box 1030, Unity, SK S0K 4L0 or by calling 306-228-2621 ext. 0.

ADDITIONAL DOCUMENTATION AND PRESENTATION MATERIALS:

Additional documentation attached? Yes No

Additional documentation to be provided at meeting? Yes No

Note: Please provide the clerk with 8 copies of all additional documentation to be distributed at the meeting.

Will a PowerPoint Presentation be made? Yes No

*Note: An electronic copy of the PowerPoint presentation is required to be submitted to the Town Clerk **no later than 12:00 p.m.** one week prior to the meeting.*

RETURN COMPLETED DELEGATION REQUEST FORM TO:

Attn: Town Clerk
Town of Unity
Suite 2 – 100 1st Avenue West
P.O. Box 1030
Unity, SK S0K 4L0
townofunity@sasktel.net