



## DELEGATION APPLICATION

13211 Henry Ave, Box 159  
 Summerland BC V0H 1Z0  
 Tel: 250-494-6451 Fax: 250-494-1415  
 corporateofficer@summerland.ca

APPLICANT INFORMATION		
Name:		Date:
Address:		
Phone:	Email:	
ORGANIZATION INFORMATION (IF APPLICABLE)		
Name:		
Phone:	Email:	
MEETING INFORMATION		
Date Requested:	Number Attending:	
Name(s) of Presenter(s):		
Do you need to use your own presentation equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SUBJECT YOU WANT TO PRESENT		
DETAILS OF THE SUBJECT – INCLUDE SPECIFIC REQUESTS YOU HAVE OF COUNCIL		
<b>Please Note:</b>		
<ol style="list-style-type: none"> <li>1. Delegation requests must be received by 9:00 AM on the Monday prior to the requested meeting. If approved, presentations are restricted to five (5) minutes, unless notified otherwise.</li> <li>2. Where the subject matter of a delegation pertains to legal matters, personnel, and/or private property issues, where a public hearing has been held in accordance with an enactment as a prerequisite to the adoption of a bylaw, or if its purpose is to deal with a matter that is outside the jurisdiction or legal authority of the District of Summerland, the District reserves the right to not hear such delegations.</li> </ol>		
<i>I acknowledge that only the above matter will be discussed during the delegation. I further acknowledge that this meeting may be audio/video recorded, published online, and broadcast on television.</i>		
Applicant Signature:		Date:

For Internal Use Only

<b>DATE STAMP</b>

<b>APPROVAL</b>
Meeting Date:
CAO Approval:
Mayor Approval: