

## **DELEGATION APPLICATION**

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

Name:  Address:  Phone:  Email:  ORGANIZATION INFORMATION (IF APPLICABLE)  Name:  Phone:  Email:  MEETING INFORMATION  Date Requested:  Number Attending:  Name(s) of Presenter(s):  Delegation presentation preferred time (we will do our best to accomodate, but your preferred time is not guaranteed)  SUBJECT YOU WANT TO PRESENT   Please Note:  1. Delegation requests must be received by 9.00 AM on Monday the week prior to the requested meeting. If approved, presentations are restricted to five (5) minutes, unless notified otherwise. If the presentation and all supporting materials are not received by the deedaline, your delegation will be rescheduled.  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. If urther acknowledge that this meeting may be audio/video recorded, published online, and broadcast on television.	APPLICANT INFORMATION				
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Applicant Signature: Date:	Applicant Signature:		Date:		

## For Internal Use Only

DATE STAMP	
APPROVAL	
Meeting Date:	
CAO Approval:	
Mayor Approval:	