COUNCIL MEETING OF ______ DELEGATION REGISTRATION

(Maximum of 2 delegations per Council Meeting)
We strongly recommend booking your delegation one month in advance.

| NAME OF GROUP: | |
|---|---|
| NAME OF CONTACT | Γ PERSON: |
| (The delegation must ap | ppoint one person to be the spokesperson who shall tation and question period) |
| Phone No | email: |
| submitted, the better delegations. Please sul meeting by delivering gimli@rmgimli.com | deal with delegations, the more detailed information position Council is in to constructively discuss bmit information by noon on the Thursday prior to the a hard copy to the RM Office or by email to Delegation topic to be discussed: |
| TIME ALLOTTED: 1 | 10 minutes (5 min. presentation/5 min. questions) |
| DELEGATION SIGN. | ATURE: |
| APPROVED BY: | |
| Given the public nature of cou to council or the administrati correspondence, including per | I Correspondence is Public Documentation uncil and committee meetings, any person submitting correspondence ion of a municipality should have a reasonable expectation that the resonal information such as the writers name and address, could be . A copy of the correspondence may also be disclosed to a third party, |
| Office: Delegation date and | I time confirmed with contact: |