



DELEGATION REQUEST FORM

The Eastern Charlotte Bylaw # EC-1, Proceedings of Councils, provides for Delegations in the Agenda of Regular Meetings of Council. **The submission deadline for Delegation Requests is five (5) business days prior** to the scheduled Regular Meeting of Council.

Please prepare your presentation to fit within a time limit of twenty (20) minutes. Each delegation shall have no more than two (2) presenters or speakers.

Alternatively, if you have an urgent matter and the deadline has passed, or if your matter is quickly presented, the Bylaw also provides for the public to “address council, for Five (5) minutes with no debate from Council, under the heading ‘Public Presentation/Appearances’” later in the Agenda.

Forms submitted for matters that do not fall under the jurisdiction of Eastern Charlotte, or do not require Council action, may receive a call or letter of explanation from the Local Government Office, in lieu of a Council appearance.

DELEGATION INFORMATION			
Name of Individual / Group / Business		Business Contact	
Street Address		Main Phone	Mobile Phone (if different)
City	Prov	Postal Code	Email Address
PRESENTATION DETAILS			
Title of Presentation		Meeting Date Requested	Meeting Date Alternative
Summary of Presentation			
Names of Person(s) Presenting (if different)			
Presentation Type <input type="checkbox"/> Oral Only <input type="checkbox"/> With Handouts <input type="checkbox"/> With Media <input type="checkbox"/> With Handouts and Media <i>Copies of handouts must be received no later than one (1) week prior to the scheduled Meeting of Council.</i>			
Presentation Equipment <input type="checkbox"/> I/We will use my/our own presentation equipment (skip next section). <input type="checkbox"/> I/We request use of the venue’s presentation equipment (complete next section). NOTE: Delegations must use their own device for running the presentation (i.e. laptop).			
If using Town presentation equipment, select all that apply: Projection Equipment: <input type="checkbox"/> Multimedia Projector <input type="checkbox"/> Projection Screen Connection Type: <input type="checkbox"/> VGA/Monitor <input type="checkbox"/> HDMI <input type="checkbox"/> Digital Display <input type="checkbox"/> Will provide my own Audio Output (if applicable): <input type="checkbox"/> HDMI <input type="checkbox"/> Headphone Jack <input type="checkbox"/> Other <input type="checkbox"/> Will provide my own			
_____		_____	
Printed Name		Signature	
_____		_____	
Date			

OFFICE USE ONLY

Date Received	Comments
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