



The Corporation of the Township of
NORTH STORMONT

Date of Request:		Council Meeting Date Requested:	
Applicant Name (and title if applicable)			
Organization Name (if applicable)			
Home Address:			
Telephone of contact person:	Home Phone:	Cell Phone:	
E-mail address:			
Please Note: All Delegations or Petitions are limited to ten (10) minutes			
Subject of Delegation:			
Purpose of Delegation:		<p>Note: If requesting action of Council, you must: Detail all information necessary to inform members of Council of your request. If necessary, add a separate sheet and attach to this form.</p> <input type="checkbox"/> Information only <input type="checkbox"/> Requesting letter of support <input type="checkbox"/> Other (provide details below)	
Name of individual(s) making presentation		1. 2.	
Will you be providing supporting documentation?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please complete the following: <input type="checkbox"/> Handouts at meeting (bring a minimum of 10 copies) <input type="checkbox"/> Power-Point presentations must be provided to the Clerk no later than Tuesday (7 days prior of the meeting) at 3:00 p.m. preceding final preparations of the Agenda to test for software compatibility and pre-load on the Township's laptop. <input type="checkbox"/> Publication in the agenda (one original or electronic copy) also due by no later than Tuesday (7 days prior of the meeting) at 3:00 p.m. preceding final preparations of the Agenda.	
Technical requirements needed:		<input type="checkbox"/> Flip chart, <input type="checkbox"/> Projector, <input type="checkbox"/> Other (provide details).	
I, _____, the undersigned, understand and agree to the procedures for Delegation and/or Petition as detailed within this Schedule and agree to abide by them at all time.			
----- Signature of applicant		Date:-----	

