



R.M. of Thompson

Delegation Form – Request to appear before Council

Return this application by **Tuesday at Noon** prior to Council meeting date.

Please submit by one of the following:

Email – info@rmofthompson.com

Fax: (204) 435-2067

Drop off or mail to 530 Norton Ave

DATE OF MEETING: _____

NAME OF DELEGATE: _____

FULL ADDRESS OF DELEGATE: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

GROUP DELEGATION REPRESENTS: _____

GENERAL NATURE OF PRESENTATION: _____

PLEASE INDICATE THE ACTION BEING REQUESTED BY COUNCIL: _____

**PROVIDE A WRITTEN COPY OF YOUR PRESENTATION FOR COUNCIL'S REFERENCE.
DELEGATIONS HAVE 10 MINUTES TO ADDRESS COUNCIL. GROUPS ARE
ENCOURAGED TO APPOINT ONE OR TWO SPOKESPERSONS TO ADDRESS COUNCIL
ON BEHALF OF THE GROUP.**