

TOWN OF BOWDEN DELEGATION REQUEST FORM (CONFIDENTIAL)

Please download this form, complete, and deliver in person to the Town Office or scan and email to: cao@bowden.ca

Contact Information:

| Delegation: | | Preferred Council Meeting Date: | |
|--|------------------|--|--|
| Contact Person: | | Phone (home/work): | |
| Address: | | Phone (cell): | |
| Audi ess. | | Email: | |
| Matter to be raised | | | |
| | | | |
| | | | |
| Purpose: | | | |
| □ Information Only | ☐ Request Action | ☐ Request Funds | |
| ☐ Information Only | ☐ Request Action | ☐ Request Funds | |
| ☐ Information Only | · | ☐ Request Funds | |
| ☐ Information Only ☐ Other: ☐ Signature of Person Co | ompleting Form: | | |
| ☐ Information Only ☐ Other: ☐ Signature of Person Co | ompleting Form: | □ Request Funds ng documentation as attached) | |
| ☐ Information Only ☐ Other: ☐ Signature of Person Co | ompleting Form: | | |

Town of Bowden Council Delegation Request Form Web Form version 2 July 2022

| Notes for Delegations: | |
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| collected under the authority of S | ecome part of the public record. The personal information is being ection 33 (c) the Freedom of Information and Protection of Privacy Act e delegation (by name) as a speaker before the Town of Bowden Council. |
| 2 Delegations must submit this For | m and any supporting information to the CAO by 12:00 noon on the |
| Wednesday prior to the Regular (| |
| | is necessary so that Town Administration and Town Council are able to and to allow time to obtain any necessary information prior to the |
| 4 All delegations must be approved | in advance by the CAO. |
| 5 All delegations are scheduled acc | ording to priority or importance. |
| 6 The CAO may limit the number of | delegations per meeting. |
| 7 A schedule of Regular Council Me | etings is available on the Town's Web Site. |
| | |
| | |
| Section for completion by CAO. | |
| Date & Time Received: | In person: □ By email: □ |
| Date & Time Received. | In person: 🗀 by email: 🗀 |
| Approved: ☐ Declined: ☐ | |
| CAO's signature: | |
| Date RCM: | Delegation Informed: □ |
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