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:

Name:		**Phone (home/work):**	
Address:		**Phone (cell):**	
		Email:	

Matter to be raised with Council:

(please be complete and concise)

Signature of Person Completing Form:

Supporting Documentation **(list all supporting documentation as attached)**