

TOWNSHIP OF RYERSON

28 MIDLOTHIAN ROAD

R. R. # 1

BURKS FALLS, ONTARIO P0A 1C0

Phone 705 382-3232 Fax 705 382-3286

email: admin@ryersontownship.ca

DELEGATION REQUEST FORM

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

COUNCIL MEETING DATE:

PRESENTATION TO BE PROVIDED TO THE CLERK? YES NO

POWERPOINT REQUIRED? YES NO

GENERAL NATURE OF DELEGATION:

If more space is required please attach another page.

Communications addressed to Council and its Advisory Committees will become part of the public record and will be placed on a public agenda. Anonymous communications sent to Council or to its Committees will NOT be accepted.

I acknowledge that personal information contained within my communication(s) may become part of the public record and may be made available to the public through the Council/Committee process.

SIGNATURE: _____ DATE: _____

*If you have a digital signature or wish to create one, click on the signature box and follow the instructions.
If you do NOT have a digital signature, please print and sign the form.*