

# TOWNSHIP OF RYERSON

28 MIDLOTHIAN ROAD

R. R. # 1

BURKS FALLS, ONTARIO P0A 1C0

Phone 705 382-3232 Fax 705 382-3286

email: [clerk@ryersontownship.ca](mailto:clerk@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.*