

Schedule "B"- Request for Delegation Form

Attention: Municipal Clerk  
The Corporation of the Municipality of  
Marmora and Lake  
12 Bursthall Street, PO Box 459  
Marmora, ON  
K0K 2M0

FOR OFFICE USE ONLY

COUNCIL MEETING DATE:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Year            Month            Day

Copy of Presentation Provided?  
YES                      NO

EMAIL: [t.bennett@marmoraandlake.ca](mailto:t.bennett@marmoraandlake.ca)  
PHONE: 613-472-2629 ext.2221  
FAX: 613-472-5330

Name of Individual(s) \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Fax No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Will other representatives be attending: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Have you appeared before Council in the past regarding this issue? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Reason(s) for delegation request (subject matter to be discussed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs? \_\_\_\_\_

*Please provide the Clerk's office with a copy of your written presentation by noon the Wednesday prior to the Council meeting. Once the information is received, you will be contacted to confirm your placement on the appropriate agenda. Thank you.*