



Request for Delegation or Deputation

Attention: Municipal Clerk, Township of Cramahe

1 Toronto Street, Colborne ON K0K 1S0

E-Mail: clerk@cramahe.ca Ph. 905-355-2821 F. 905-355-3430

For Office Use Only

Meeting Type:

Meeting Date:

Clerk Approval:

Date of Receipt:

Deputation Requests must be submitted to the Clerk's office no later than 10:00am the Monday prior to the scheduled meeting.

Delegation/Presentation Request must be submitted to the Clerk's office 5 business days prior to the scheduled meeting.

1. Applicant Information

Full Name:

Organization/Group Name (if applicable):

Position / Title (if applicable):

Phone Number:

E-Mail Address:

Mailing Address:

2. Meeting Information

Requested Meeting Date:

Type of Presentation:

☐ Delegation/Presentation
(Group / Organization)

☐ Deputation
(Individual)

Preferred Method :

☐ In
Person

☐ Virtually

☐ By Proxy/Delegate

Name of Speaker(s):

Brief description of the topic to be presented:

I am submitting a formal presentation to accompany my delegation/deputation:

☐ Yes

☐ No

3. Acknowledgment

By submitting this form, I acknowledge the following:

- I will abide by all requirements/rules of Procedural By-law 2025-24.
- I shall not enter into debate, speak disrespectfully, use offensive language, disobey the rules of procedure or any decision of the Chair.
- That the information collected on this form may be included as part of the public record, pursuant to MFIPPA.

Signature:

(Print Name):

Date