



The Corporation of the Town of Kirkland Lake Council Delegation Request Form

Date: _____

Date of the Council Meeting for which you are making a request to appear: _____
(Must be made at least the Tuesday prior to the meeting)

Name of Person making the request: _____

Street Address: _____

Mailing Address: _____

Daytime Telephone Number: _____

Email Address: _____

Topic of discussion: (A maximum of one topic, clearly identified and accompanied by all pertinent documentation. A maximum of ten (10) minutes speaking time will be allocated.)

- Please include comments on back page -

Signature of Requestor: _____

Received by: _____

ALL FIELDS MUST BE COMPLETED IN FULL IN ORDER TO BE CONSIDERED!

Comments: