



SCHEDULE "B"

DELEGATIONS APPLICATION FORM

Name of Delegates(s): _____

Representing: _____

Phone Number: _____ **Email:** _____

Topic: _____

Staff Familiar with Topic: _____

Attached Information: _____

Notes: _____

LIMIT PRESENTATION TO 15 MINUTES

Delegate Signature: _____ **Date:** _____

All notifications and documentations must be sent to admin@wembley.ca

If you have materials/documentation to be included in the agenda, they must be received by 1:00pm the Monday before the meeting you are scheduled to appear before Council.

Any documentation submitted (including this Delegate Application) is considered "Public Information" and will appear in a Council Agenda.

FOR OFFICE USE ONLY

Date and Time of Council Meeting to attend: _____

Approved to Present by: _____ **Date:** _____

PLEASE NOTE: *The personal information on this form is being collected in accordance with Part 1, Division 1, Section 4(c) of the Protection of Privacy Act P-28.5. If you have any questions about the collection, use and protection of this information, please contact the Town of Wembley POPA Coordinator at 780-766-2269 or admin@wembley.ca.*