



# DELEGATION APPLICATION

13211 Henry Ave, Box 159  
 Summerland BC V0H 1Z0  
 Tel: 250-494-6451 Fax: 250-494-1415  
[tmayea@summerland.ca](mailto:tmayea@summerland.ca)

APPLICANT INFORMATION		
NAME:		DATE:
ADDRESS:		
PHONE:	EMAIL:	
ORGANIZATION INFORMATION (if applicable)		
NAME:		
PHONE:	EMAIL:	
MEETING INFORMATION		
DATE REQUESTED:	NUMBER ATTENDING:	
NAME(S) OF PRESENTER(S):		
DO YOU NEED TO USE YOUR OWN PRESENTATION EQUIPMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SUBJECT YOU WISH TO DISCUSS		
DETAILS ON THE SUBJECT (include any particular requests you have of Council)		
PLEASE NOTE:		
<ol style="list-style-type: none"> <li>1. Delegation requests must be received by 12:00 noon on the Tuesday prior to the requested meeting. If approved, presentations are restricted to five (5) minutes, unless notified otherwise. <i>(Per Council Procedure Bylaw No. 2000-156)</i></li> <li>2. Where the subject matter of a delegation pertains to legal matters, personnel, and/or private property issues, where a Public Hearing has been held in accordance with an enactment as a prerequisite to the adoption of a bylaw, or if its purpose is to deal with a matter that is outside the jurisdiction or legal authority of the District, the District of Summerland reserves the right to not hear such delegations.</li> </ol>		
<i>I acknowledge that only the above matter will be discussed during the delegation. I further acknowledge that all or a portion of this meeting will be audio/video recorded, and archived on the District of Summerland website, as well as broadcast on Shaw Cable.</i>		
SIGNED		DATE



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For Internal Use Only

DATE STAMP

APPROVAL INFORMATION:
MEETING DATE APPROVED:
CAO APPROVAL:
MAYOR APPROVAL: