



## DELEGATION APPLICATION

13211 Henry Ave, Box 159  
 Summerland BC V0H 1Z0  
 Tel: 250-494-6451 Fax: 250-494-1415  
 corporateofficer@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):		
Delegation presentation preferred time (we will do our best to accomodate, but your preferred time is not guaranteed)		<input type="checkbox"/> 1:00 PM <input type="checkbox"/> 6:00 PM
SUBJECT YOU WANT TO PRESENT		
DETAILS OF THE SUBJECT – INCLUDE SPECIFIC REQUESTS YOU HAVE OF COUNCIL		
<p><b>Please Note:</b></p> <ol style="list-style-type: none"> <li>1. Delegation requests must be received by 9:00 AM on Monday the week prior to the requested meeting. If approved, presentations are restricted to five (5) minutes, unless notified otherwise. If the presentation and all supporting materials are not received by the deadline, your delegation will be rescheduled.</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 of Summerland, the District reserves the right to not hear such delegations.</li> </ol>		
<p><i>I acknowledge that only the above matter will be discussed during the delegation. I further acknowledge that this meeting may be audio/video recorded, published online, and broadcast on television.</i></p>		
Applicant Signature:		Date:

For Internal Use Only

<b>DATE STAMP</b>

<b>APPROVAL</b>
Meeting Date:
CAO Approval:
Mayor Approval: