



Town of Drayton Valley Traffic Advisory Committee Delegation Request Form

Name(s): _____

Organization: _____

Contact Number: _____ Contact E-mail: _____

Mailing Address: _____

* Request must be received a minimum of TWO WEEKS prior to the meeting
being requested for;

Please refer to the Meeting Schedule for dates

Reason for Requesting Delegation:
(information only, request for funding, concern, etc)

Additional Information Provided

*Please list the information you attached or included with your
delegation request:*

**This committee is advisory to Council, and does not make decisions or changes to existing programs
or policies.**

Please submit your request by:

Fax: 780.542.5753

E-mail:

trafficadvisorycommittee@draytonvalley.ca

In person: 5120-52 ST