



Town of Drayton Valley

Delegation Request Form

Name(s): _____

Organization: _____

Contact Number: _____ Contact E-mail: _____

Mailing Address: _____

Meeting you would like to attend as a Delegation (please check all that apply)*:

Council Meeting

Governance & Priorities Committee Meeting

Special Meeting/Presentation

Administration Meeting

* 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:

Please indicate any preference you have for meeting:

Please submit your request by:

Fax: 780.542.5753

E-mail:

admin-support@draytonvalley.ca

In person:

5120-52 ST