VILLAGE OF HINES CREEK

COUNCIL DELEGATION PRESENTATION FORM

Date: _____

REASON FOR PRESENTATION: (Give outline of what item(s) you wish to discuss with Council).

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Length of Time required: (Maximum 15 Minutes) _____

What do you want the outcome of this presentation (delegation) to result in?

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_____
Name

_____
Telephone number

PLEASE RETURN THIS FORM ON OR BEFORE THE THURSDAY PRIOR TO THE MEETING.