



DELEGATION REQUEST TO ADDRESS DAVIDSON TOWN COUNCIL

Meeting time requested: _____

Amount of time requested: _____ (Max. 15 minutes)

Names of Presenter(s):

Phone Number:

Email:

Representing: _____ (Group) _____ (Personal Concern)

Subject Matter:

Questions/Concerns/Proposals for Council Consideration:

Please submit a minimum of three (3) business days prior to the date of the Council meeting.

Please be advised that a dialogue between Town Council and the delegate(s) can be expected, please be advised that a decision will not be made in your presence. Administration will notify you of the Council's decision following the meeting.

Signature

Date

FOR OFFICE USE ONLY

Date of Council meeting confirmed: _____

Time required confirmed: _____ minutes

Item added to the agenda package confirmed: _____