



**THE CORPORATION OF THE
MUNICIPALITY OF WAWA**

40 BROADWAY AVENUE
P.O. BOX 500,
WAWA, ON, P0S 1K0
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DELEGATION REQUEST FORM

The Clerk of the Municipality of Wawa reserves the right to refuse or defer any delegation at any time. Delegations appear strictly for information purposes only. Any discussion or decision will be at the discretion of Council. Material provided will be uploaded to the public agenda subject to rules of procedure.

Request for Delegation (please print)

- on my own behalf; or
- on behalf of a group / organization / association, if so please state name of group / organization / association below.

Name(s) of Group / Organization / Association: _____

Name(s) of Speaker(s) (Maximum 3): _____

Subject / Title of Presentation: _____

Please describe below, the subject matter of the delegation:

Equipment Required (projector, screen, laptop): _____

Contact Information (will not be posted publicly):

Address: _____

Telephone: _____ Email: _____

Signature: _____

OFFICE USE ONLY

Delegation Date: _____ Time: _____ Duration: _____

Completed and signed requests and all presentation documentation must be delivered by the Clerk by 1:00 p.m. on the Thursday preceding the meeting of Council for which you delegation is scheduled. Delegations will be confirmed by the Clerk by email.

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of reviewing delegation requests. Questions about the collection of the personal information may be addressed to the Clerk at the Municipality of Wawa, 40 Broadway Avenue, P.O. Box 500, Wawa, ON P0S 1K0 or (705) 856-2244 ext. 222.