

For the purposes of the “*Freedom of Information and Protection of Privacy Act*”, by submitting this form, I/We authorize and consent to the use by, or the disclosure, to any person or public body or publishing on the Municipal website any information that is contained in this submission and recognize that my/our name may become part of the public record.

# Delegation Request

## OSM Township Council

### Contact Information

Please provide your contact information so we can follow up with you as necessary.

**What is your first name? \***

**What is your last name? \***

**Email Address \***

**Daytime Phone Number \***

**What is your delegation status? \***

- Representing a Group
- Representing an Organization
- Representing a Business
- Attending as an Individual

**What Council meeting do you request to attend?**

**What is the subject matter for your delegation? \***

**What is the nature of your delegation request? \***

**Will you have additional information to be provided at the meeting? \***

Yes

No

**Please attached your additional documentation.**

**Will a PowerPoint presentation be utilized at the meeting? \***

Yes

No

**Please attached your PowerPoint presentation in pdf or photo format.**

Thank you for taking the time to complete this online form.

You will receive a reply from OSM Township's Deputy CAO/Clerk as soon as your request is processed.

# Thank You

for submitting this delegation request.

The Deputy CAO/Clerk will be in contact with you once your request is reviewed.