



AUGUSTA TOWNSHIP

DELEGATION REQUEST TO APPEAR BEFORE COUNCIL

Name of Individual/Organization: _____

Council Meeting Date Requested: _____

Topic: (If necessary, please attach additional correspondence)

Contact Information:

Name (if different from above): _____

Mailing Address: _____

Phone Number: _____

Email: _____

NOTE: All documents provided are open to the public. If you are providing communication to the township, please be aware that your name and information will appear on the Township’s website and become part of the public record, unless you expressly request the Township to remove it. If requesting a closed (In-Camera) meeting with Council, the subject matter must meet the requirements of section 239(2) of the Municipal Act.

Additional Information:

1. Delegations on an agenda shall be determined on a first come, first serve basis.
2. No more than two (2) delegations shall be heard at any meeting.
3. Delegations shall be limited to five (5) minutes of presentation time and five (5) minutes for questions.