

Town of Fairview P.O. Box 730, Fairview, Alberta TOH 1L0 Provincial Building, 101, 10209 – 109 Street

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## **REQUEST FOR DELEGATION**

NAME:					
ADDRESS:	PHYSICAL:			EMAIL:	
MAILING:	TOWN: POSTAL CODE:		PHONE:		
GROUP NAME					
REPRESENTED:					
NAME & ADDRESS OF	NAME:		ADDRESS:		EMAIL:
PRESENTER(S) REPRESENTING					
GROUP (MAX 2 SPEAKERS)					
	NAME:		ADDRESS:		EMAIL:
MEETING TYPE:	REMOTE A	CCESS	IN PERSOI	N	
		_			
DATE OF REQUESTED APP	D APPEARANCE:  *To view the meeting schedule calendar online, please visit Fairview.ca   Municipal   Council   Council Meeting Minutes				
SUBJECT MATTER:					
FORMAL REQUEST OF					
COUNCIL					
SUPPORTING DOCUMENTS TO					
BE PRESENTED TO COUNCIL	YES	NO			
	File manual of Division				
	File names of Docun	nents:			