

**REQUEST FOR DELEGATION**

<b>NAME:</b>			
<b>ADDRESS:</b>	PHYSICAL:	EMAIL:	
MAILING:	TOWN:	POSTAL CODE:	PHONE:
<b>GROUP NAME REPRESENTED:</b>			
<b>NAME &amp; ADDRESS OF PRESENTER(S) REPRESENTING GROUP (MAX 2 SPEAKERS)</b>	NAME:	ADDRESS:	EMAIL:
	NAME:	ADDRESS:	EMAIL:
<b>MEETING TYPE:</b>	<input type="checkbox"/> REMOTE ACCESS	<input type="checkbox"/> IN PERSON	
<b>DATE OF REQUESTED APPEARANCE:</b>	<small>*To view the meeting schedule calendar online, please visit <a href="http://Fairview.ca">Fairview.ca</a>   Municipal   Council   Council Meeting Minutes</small>		
<b>SUBJECT MATTER:</b>			
<b>FORMAL REQUEST OF COUNCIL</b>			
<b>SUPPORTING DOCUMENTS TO BE PRESENTED TO COUNCIL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO File names of Documents:		