



# Municipality of Morris-Turnberry

## COUNCIL AND COMMITTEE DELEGATION REQUEST

A delegation is a person or group of people who address Council or a Committee for the purpose of making a presentation. Please ensure this form is completed, with an attachment outlining your request for a Council delegation. This Request Form must be received by the Clerk no later than 12:00 noon on the Thursday preceding the Council meeting. The Request must be delivered by email, or in person.

**Email:** thallam@morristorynberry.ca  
**Address:** 41342 Morris Road, PO Box 310, Brussels, ON N0G 1H0

REQUESTED DATE OF MEETING: \_\_\_\_\_

NAME OF PERSON(S) MAKING PRESENTATION (and title/position, if applicable) \_\_\_\_\_

GROUP/ORGANIZATION DELEGATION REPRESENTS: \_\_\_\_\_

FULL MAILING ADDRESS OF DELEGATION(S): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

GENERAL NATURE OF DELEGATION: \_\_\_\_\_

PLEASE INDICATE THE ACTION/DECISION BEING REQUESTED OF COUNCIL:

\_\_\_\_\_  
\_\_\_\_\_

A delegation wishing to appear before the Council or Committee on Municipal business shall make a formal request to the Clerk in writing by Thursday noon prior to the meeting. A written brief is required outlining the subject matter of the presentation.

At the discretion of the Clerk, the Delegation will be scheduled to make a presentation to a Council Meeting or Committee meeting. Delegations are limited to ten (10) minutes to address Council. If the delegation has printed information such as reports, power point presentations and other written material that are to be presented to Council or Committee, it must be delivered to the Clerk by Thursday noon prior to the meeting.

For further information on the procedure for appearing before Council as a delegation, please contact Trevor Hallam, Clerk, at 519-887-6137 ext. 21 or [thallam@morristorynberry.ca](mailto:thallam@morristorynberry.ca).

Morris-Turnberry Delegation Form

The Information submitted will be considered to be public information and therefore subject to full disclosure, under the Municipal Freedom of Information and Protection of Privacy Act.

\_\_\_\_\_  
Delegation Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk or designate

\_\_\_\_\_  
Date Received

**OFFICE USE:**

Confirmed meeting date \_\_\_\_\_

Confirmed with Requestor on \_\_\_\_\_(date) by \_\_\_\_\_(phone/email).