

## REQUEST FOR A DELEGATION TO TOWN OF SALTCOATS COUNCIL

Meeting at which time is	requested:		
Amount of Time Requested:			
Name of presenter(s):	Phone Number	Fax Number	Email
Representing:	(Grou	up)	(Personal Concern)
Subject Matter:			
Questions/Concerns/Prop	osals for Council conside	eration:	
Please submit request a m	inimum of two (2) busin	ess days prior to the da	te of the Council meeting.
Signature		Date	
Date of Council 1	FOR OFFI meeting confirmed:	CE USE ONLY	
=	nfirmed: min		
nem added to the	agenda package confirm	neu:	

Phone: (306) 744-2212 Fax: (306) 744-2239

Email: saltcoats.town@sasktel.net