



The Corporation of the Township of Madoc

15651 Highway 62, P.O. Box 503, Madoc, Ontario K0K 2K0

www.madoc.ca

613-473-2677

Fax: 613-473-5580

The Corporation of the Township of Madoc Council Delegation Request Form

Date: _____

Date of the Council Meeting for which you are making a request to appear

(Must be made at least the Thursday prior to the meeting by 12:00pm)

Name of Person Making the Request: _____

Street Address: _____

Mailing Address: _____

Daytime Telephone Number: _____

Email Address: _____

Topic of Discussion: (A maximum of one topic, clearly identified and accompanied by all pertinent information. A maximum of ten (10) minutes speaking time will be allocated.)

Please attach comments or include on back page

Signature of Requestor: _____

Received by: _____

ALL FIELDS MUST BE COMPLETED IN FULL