Town of Arcola

Delegation Request Form

1. Delegation Information

Name of Delegate(s): _____

Organization (if applicable): _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

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2. Meeting Information

Requested Meeting Date: _____

Type of Meeting:

- ☐ Council Meeting
- ☐ Committee Meeting

Number of Delegates Attending: _____

Estimated Presentation Time: _____ minutes (maximum 15 minutes)

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3. Purpose of Delegation

Topic / Subject: _____

Brief Description of Issue / Presentation:

Materials to be Presented:

- ☐ PowerPoint / Slides
- ☐ Handouts / Documents
- ☐ Other: _____

(Please provide all materials in advance for paperless presentation.)

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4. Declaration

I/We acknowledge the following:

- Delegates are allotted **15 minutes** to present to Council.
- Council will not engage in debate during the meeting.
- Written responses to any questions or requests will be provided within **ten business days** following the meeting.
- The number of delegations per meeting is limited, and the Town may request an alternative date if the requested slot is not available.

Signature of Delegate(s): _____

Date: _____

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5. Submission Instructions

Please submit the completed form and any supporting documents to the **Town of Arcola Municipal Office** at least **one week prior** to the requested meeting date.

- **Email:** arcadmin@sasktel.net
- **In-Person:** 127 Main Street, Arcola, SK S0C 0G0