



SCHEDULE "E"
The Corporation of the Village of Salmo
DELEGATION APPLICATION FORM

Delegate(s) Name: _____

Mailing Address: _____

Email Address: _____

Phone No.: _____

Delegation Status: (select one)

Representing a Group/Organization/Business _____
(Name of Group/Organization/Business)

Attending as an Individual

Council Date Requested for Meeting: _____

Purpose of the Delegation Request:

Note:

- A copy of all information regarding the presentation **must** accompany this application.
- Delegation requests are subject to approval by the Mayor and Corporate Officer. Submission of an application is not a guarantee that you will be approved to appear before Council. Where the subject matter of a delegation pertains to legal matters, personnel, and/or private property issues, the Village of Salmo reserves the right not to approve the delegation.
- The Village of Salmo cannot guarantee you will be scheduled on the date requested

I/We acknowledge that only the above matter will be discussed during the presentation:

Signature: _____

Date: _____

This information is collected by the Village of Salmo in accordance with Section 124 of the *Community Charter* and is protected under the *Freedom of Information and Protection of Privacy Act*. The information will be used to facilitate processing this request to appear as a delegation before Council. Should you have any questions about the collection of this personal information, please contact the Village of Salmo, Corporate Officer at 250.357.9433.

The applicant, in the process of submitting or authorizing this application, hereby recognizes and accepts that this material will become available to the public as part of the application, review and approval process.

_____ Applicant's Initials

Return completed form along with the information regarding the presentation to the Corporate Officer either by mail, in person, by fax, or by email

Completed forms can be faxed to (250)357-9633 or emailed to info@salmo.ca.