

**Council and Standing Committee
DELEGATE REQUEST FORM**

Name: _____ Date of Request: _____

Fax form to: 306-749-2220 or email to: rm460@sasktel.net

Note: * Indicates information that must be entered. (Please print clearly in the space provided.)

PART I – Contact Information	
*Last Name	*First Name
*Company Name	
*Contact Phone	*Email

PART II – Council Meeting Details
Council / Committee Meeting Date
*Who are you representing? (Yourself or a group – if representing a group, please enter the complete mailing address.)
*Issue to be presented (Please give a brief description of your concern)
*Specific action to be requested of Council

PART III – Collection of Personal Information
<input type="checkbox"/> *Please check here to indicate that you have read the statement below.
The Rural Municipality of Birch Hills No. 460 collects this information to enable it to make informed decisions on the relevant issue(s). If you are submitting letters, faxes, e-mails, presentations or other communications to the RM, you should be aware that your name and/or submission(s) may become part of the public record and may appear on the RM's website.