

COUNCIL MEETING

	wishes to appear as a Delegation at the next meeting of
(print name)	_
the Municipality of Louise Council on _	·
NOTE: If this is a group, then please pri	int name of group and show spokesperson below.
Spokesperson (if different from above))
The appearance before Council is to di	scuss the following matter/concern (be specific):
Phone no. to confirm appointment:	
	Received by:
(signed)	(print name)
	Signed:
Date	Municipality of Louise

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