



**THE CORPORATION OF THE UNITED TOWNSHIPS OF
HEAD, CLARA & MARIA**
15 Township Hall Road
STONECLIFFE, ONTARIO, K0J 2K0

Phone: (613) 586-2526 | Fax: (613) 586-2596 | E-mail: twpshcm@xplornet.com, Treasurer: treasurer@xplornet.com

Request for Deputation

Person Requesting a Deputation: _____

Organization (if applicable): _____

Contact Information: Tel # _____ Cell #: _____

Meeting Date Requested: _____

(Note: In accordance with the Procedural By-law, the Clerk's Department has the discretion to reschedule or deny an appearance before Council where: the number of deputations is greater than Council has established; the topic is not within the jurisdiction of the Council; the person has exceeded the number of permitted appearances; the matter is such that it requires consultation with staff and a report to accommodate the request.)

Subject Matter: _____

Brief Description of Purpose of Deputation: _____

Have you been in contact with a member of staff with regard to this matter?

Yes No If Yes, provide name: _____

I will have a presentation

For Handout at Meeting * Yes No

PowerPoint ** Yes No

* Handouts require six (6) copies to be provided to the Clerk **prior** to the meeting.

** PowerPoint is to be e-mailed to the Clerk's Office no later than 12:00 Noon on the Tuesday **prior** to the meeting.

Personal information on this form is collected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and becomes part of the public record. Questions with respect to the collection and use of this information should be directed to the Clerk's Office at 613-586-2526 or twpshcm@xplornet.com.