



**THE CORPORATION OF THE UNITED TOWNSHIPS OF  
HEAD, CLARA & MARIA**

**15 Township Hall Road  
STONECLIFFE, ONTARIO, K0J 2K0**

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**REQUEST FOR DEPUTATION**

Person Requesting a Deputation: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Contact Information: Tel # \_\_\_\_\_ Email \_\_\_\_\_

Meeting Date Requested: \_\_\_\_\_

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

(I will require use of a \_\_\_\_\_ computer, \_\_\_\_\_ projector, and \_\_\_\_\_ screen.)

\* 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 Friday **prior** to the meeting. Any speaking notes should be provided to Council for its record.

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 [crystal@headclaramaria.ca](mailto:crystal@headclaramaria.ca).