



Submit this form to request to speak to Council as a delegation during a public Council meeting. All requests are subject to approval by Town Council.

Applicant Name: _____

Speaker Name: _____

Requested Date: _____

Email: _____

Phone: _____

Topic of discussion: _____

Do you have a presentation or information you wish to be included with the public agenda package prior to appearing before Council? Yes ☐ No ☐

If yes, this information must be provided to administration no later than 4:00 p.m. on the Wednesday prior to the scheduled meeting.

Please send completed form to cao@bonaccord.ca. Please review and check each box:

☐

I/We acknowledge that verbal and written presentations, personal information, and discussions arising during a public Council meeting, even if sensitive in nature, will become part of the public record and will be accessible by members of the public. I/We further acknowledge that any written materials may be accessed by others, and false, defamatory or misleading statements may be subject to claims for damages or redress.

☐

I/We agree to abide by all applicable federal and provincial statutes, and Town bylaws and policies, including, but not limited to, the Municipal Government Act and the Town's Procedural Bylaw and amendments thereto.

☐

I/We acknowledge that the meeting will be recorded and live-streamed on the Town's YouTube channel.

☐

In signing below, I/we consent to the use and disclosure of any personal/sensitive information that is shared during the course of the meeting for the purposes of carrying out Council business and/or administrative functions.

The information collected on this form is authorized under Section 4(c) of the Protection of Privacy Act (POPA). It will be used to process delegation requests for the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Town of Bon Accord at 5025 - 50th Avenue, Bon Accord, AB, T0A 0K0 or by calling (780) 921-3550.

Applicant Signature _____

Date _____

OFFICE USE ONLY

Town Manager Signature _____

Assigned Date and Time _____