



# PEACE RIVER REGIONAL DISTRICT

## REQUEST TO APPEAR AS A DELEGATION

*The personal information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Local Government Act. The information you provide will become a matter of public record and will be published in meeting agendas and posted online, with the exception of information provided in the contact purposes only box. For questions about the use of information please contact the Corporate Officer.*

### PRESENTATION INFORMATION:

Name (s) and Title(s) of Presenters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

What is the subject of your presentation?: \_\_\_\_\_  
\_\_\_\_\_

What is your specific request of the Regional Board, if any? ie. letter of support, advocacy, funding:  
\_\_\_\_\_  
\_\_\_\_\_

On which meeting date would you like to present? \_\_\_\_\_

Today's Date: \_\_\_\_\_

### INFORMATION FOR CONTACT PURPOSES ONLY:

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_