

Request to Address Council Form

Propos	ed Meeting Date:
Alterna	ite Date:
Organi	zation/Applicant Name:
	s) (and titles/positions if applicable) of Speaker(s):
Contac	t Name: Daytime Phone:
Email:	
Topic(s	to be Discussed (please provide attachments if necessary):
	d Resolution (eg. Letter of Support from Council – Please provide a draft copy of the Letter of Support sh Council to provide):
Chamb Counci	uncil Chamber is equipped with a laptop and projector which projects images onto a screen in Council pers. This equipment can accommodate PowerPoint and PDF presentations. If you will be providing I with a draft letter of support, a PowerPoint presentation, handouts etc. they must be submitted with plication.
	Handouts Attached
Please	advise which of the following applies: Verbal Presentation Paper Documents to be given to Council (attached District equipment required for PowerPoint Presentation (presentation provided on USB or emailed to debbie@district.mackenzie.bc.ca).

Please note that your inclusion on the agenda is not confirmed until you have received confirmation from District staff.