

# Delegation Request

Please complete the following form. You may submit to the Township of Cavan Monaghan by either:

\* Printing and **faxing a copy to 705-932-3458**

\* Saving this file to your computer and **emailing it to [earthurs@cavanmonaghan.net](mailto:earthurs@cavanmonaghan.net)**

Once your delegation request is received, the Clerk's Department will contact you to confirm receipt.

Date	<input type="text"/>	Meeting date	<input type="text"/>
Subject	<input type="text"/>		
Name	<input type="text"/>		
Address	<input type="text"/>		
Town / City	<input type="text"/>		
Province	<input type="text"/>	Postal Code	<input type="text"/>
Phone (daytime)	<input type="text"/>	Phone (evening)	<input type="text"/>
Fax number	<input type="text"/>	Email address	<input type="text"/>

Do you require any Accessibility Accommodation?  Yes  No

**Name of group or person(s) being represented, if applicable:**

**Brief statement of issue or purpose of deputation:**

Personal information on this form is collected under the legal authority of the Municipal Act, as amended. The information is collected and maintained for the purpose of creating a record that is available to the general public, pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Township Clerk, Township of Cavan Monaghan 988 County Road 10, Millbrook, ON L0A 1G0 [www.cavanmonaghan.net](http://www.cavanmonaghan.net) 705-932-9326