

Town of Vegreville 4829 50 Street Postal Drawer 640 VEGREVILLE, ALBERTA T9C 1R7

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## **Council Delegation Request Form**

Name(s) of person(s) or group wishing to appear before Council	
Subject of Presentation	
Purpose of Presentation	☐ Information only
	☐ Requesting a Letter of Support
	☐ Requesting funds
	☐ Other (provide details)
	<u> </u>
Meeting date requested (to v	riew the meeting schedule calendar, please visit www.vegreville.com/p/council-calendar
a. Legislative Co	ommittee Meeting (30 minutes max)
b. Town Counc	il Meeting (15 minutes max)
Contact Person:	
Phone:	Email:
Thoric.	
Presentation materials and s	supporting documentation is required for publication in the agenda package
	pm the Wednesday before the scheduled meeting.)
Technical Requirements:	$\square$ flip chart
	☐ Projector
	☐ laptop
	$\square$ other