E:\MyFiles\General\MasterForms\ADMIN\delegate request.wpd

Municipality of Machin

DELEGATE REQUEST FOR COUNCIL MEETING

| Name: |
|--|
| Date: |
| Time Request was made: |
| Subject: |
| Description: |
| |
| |
| |
| |
| |
| Please note that this request must be made prior to 12:00 noon the Wednesday prior to Monday's Council meeting |
| Delegate's Signature: |
| Employee's Signature: |