



Midland Police Services Board Deputation Request Form

Meeting Date Requested: _____

***Attachment: Deputation Procedures (Excerpt from Procedural By-law 2019-01)**

All presentation materials **must** be submitted to the Board Secretary eight days prior to the requested meeting date.

Person Requesting Deputation: _____

Contact Details: Email: _____

Phone (B): _____ Phone (H): _____ Phone (Cell): _____

Mailing Address: _____

Details of Deputation: Please print clearly. Attach extra pages if necessary.

Will you be providing a PowerPoint presentation? Yes No

Have discussions or correspondence taken place with a member of the Police Services Board, Town Council or Town Staff, and if so, with whom and when?

Are you speaking: a) on your own behalf; or
 b) on behalf of a group/organization

Name and Signature of Individual Participating in Deputation:

Name: _____ Signature: _____ Date: _____

Personal information on this form is collected under the legal authority of the Municipal Act, S.O. 2001, c.25 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 Clerk's Office, the Corporation of the Town of Midland, 575 Dominion Avenue, Midland, ON L4R 1R2

OFFICE USE ONLY:
APPROVED ON: _____ SCHEDULED FOR: _____