



VILLAGE OF TELKWA
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**DELEGATION TO COUNCIL
 (Pursuant to Bylaw #549)**

I/We, _____
 (Name of person(S) or Organization)

Wish to appear as a delegation to Council at the Regular Council Meeting of
 _____, 20____ for the purpose of:

The spokesperson(s) will be: _____

Any background information that you can provide will be appreciated:

 Telephone Number

 Signature

 Mailing Address

 Date

Attendance Confirmed:

 Corporate Officer

Note: 15 minutes maximum with 10 for Council's questions

File: 0550