

District of Lillooet Application to Appear Before Council

	Date:
Name of Applicant: Organization:	
Mailing Address: Civic Address:	
Daytime Telephone N	umber:
Topic of Discussion	n:
Applicant's Relev	ant Information:
(Provide additional in	formation as an attachment if required)
Preferred Council	Appearance Date:

(Refer to Council schedule)

Delegations and individuals appearing before council at a scheduled meeting will have 10 minutes to present their issue. Should you require more time, please advise the District. Participate with integrity. A collaborative and respectful approach is appreciated.

Are you willing to receive questions from the Public? Yes. No.

This application must be received by 12:00 noon on the Wednesday before the appearance date in order to be placed on the agenda.

Signature: _____