

**Administration**

Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966

**Hours** Mon-Fri 8:30am-4:30pm | **Telephone** Mon-Fri 8:00am-5:00pm 08 9439 0200

**NRS** 133 677 (hearing/speech impaired) | **TIS National** 131 450 (Translating and Interpreting Service)  
customer@kwinana.wa.gov.au | **www.kwinana.wa.gov.au**



# REQUEST FOR DEPUTATION

*NOTE* All deputation applications must be received by the Chief Executive Officer in writing prior to 12 noon on the day of the meeting.

Your Name

Your Address

Your contact telephone

Date

City of Kwinana

Attention: Chief Executive Officer

PO Box 21

KWINANA WA 6966

Dear Chief Executive Officer

## REQUEST FOR DEPUTATION

I/We wish to have the opportunity to make a deputation at the (Ordinary/Special) Council Meeting to be held on

*DATE*

My/our deputation relates to Agenda item relating to

My/our deputation is: *(please tick the appropriate box)*

**Supporting** the officer's or committee's recommendation

**Opposing** the officer's or committee's recommendation

In general terms, the purpose of my/our deputation is:

I confirm I have attached the full deputation to be included in the minutes of the Ordinary/ Special Council Meeting.

Yours sincerely