

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 and Address

Your contact telephone number

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 _____