



# Township of Pickle Lake Deputation Request Form

**Requests for Deputations must be Received Two Weeks prior to the Council Meeting**  
**Deputations are Limited to 10 Minutes in Length**

Council Meeting Date: \_\_\_\_\_ Request Received By: \_\_\_\_\_

Name Of Person Requesting Deputation: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Subject Title: \_\_\_\_\_  
\_\_\_\_\_

Type:  Presentation in Person

Copies: All persons requesting deputations are required to provide a written copy of their presentation prior to the meeting or during the meeting to all Council Members and the Clerk.

**Submit Via:**

**Fax:** (807) 928-2708

**Hand Deliver, Mail or Email To:**  
*Council Deputation Request*  
2 Anne Street, PO Box 340,  
Pickle Lake, ON P0V 3A0  
[townclerk@picklelake.org](mailto:townclerk@picklelake.org)