

Municipality of North Norfolk
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DELEGATION REGISTRATION MUNICIPALITY OF NORTH NORFOLK COUNCIL MEETING

I/We,	, wish to appear as a delegation
(print name)	
at the next meeting of the Municipality of North Norfolk Council to be held	
(date)	·
NOTE: If this is a group then ple	ease print name of group and show spokesperson below.
Spokesperson (if different from above):	
My/Our appearance before Cou	uncil is to discuss the following matter/issue (be specific):
Signature:	
Phone:	Email:
	OFFICE USE ONLY:
NOTE: If the subject matter listed a	above has been dealt with to the satisfaction of Council,
hen the issue/item will not be dis	
Received by:	Date:
Received by:(print n	ame)
igned:	
Signed:(Municipality of North	Norfolk)
Date of meeting:	Time of delegation: