

2nd Floor, 5797 Cowrie St., Sechelt, BC V0N 3A0
Tel: 604-885-1986 | Fax: 604-885-7591 | www.sechelt.ca

Name of Delegation:	
Name of Primary Contact Person:	
Requestor Contact Information:	
Ph:	Email:

Delegation requests must be received by the District of Sechelt along with the presentation material and/or at a minimum, a summary of the presentation, **on the Monday a week prior to the requested meeting date.**

Rules for Delegations:

1. Delegations are heard as one of the first items of meeting business. Ensure you arrive in advance of the meeting start time.
2. Timeframe is ten minutes maximum, even if more than one person is speaking. Allow time to respond to questions within this timeframe.
3. Name of the person/group and the subject of the delegation will be on the agenda, which is available to the public and posted on the internet. The local media may be in attendance at the meeting and are permitted to use information from delegations in their reporting.
4. Proceedings of Council/Committee meetings, including delegations, are recorded and audio files are posted on the internet and live-streamed via YouTube.
5. Delegations are asked to use the desk, chair and microphone provided and to address remarks to Council/Committee.
6. Delegations are to present information to Council/Committee. Council/Committee will not enter into a debate with delegations.
7. Delegations must maintain decorum, be polite, courteous and respectful to all in attendance at the meeting.
8. Council/Committee will receive the information, and may refer the issue to staff for a report or for consideration at a future meeting.
9. There is a limit of two delegations per meeting. Delegations are scheduled on a first come/first served basis.

Your delegation is not confirmed until you are contacted by District staff to confirm and this form is signed by both parties.

Delegation's Declaration:

- By checking this box, I declare that I understand and agree to the rules for delegations as outlined above.

FOR OFFICE USE	
Approved: _____	Rejected: _____
If approved, date of scheduled meeting: _____	
Date of applicant informed of decision: _____	

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NOTE: All information provided on this second page, as well as any additional pages submitted, may be included in the agenda package, which is published in print and online format and is part of the permanent public record.

Name of Delegation:	
Name of Primary Contact Person:	
Meeting Type Preferred:	<input type="checkbox"/> Regular Council <input type="checkbox"/> Committee of the Whole
Meeting Date Preferred:	
Subject of Delegation:	
Purpose of Delegation:	<input type="checkbox"/> Information Only <input type="checkbox"/> Requesting Action by Council <input type="checkbox"/> Requesting a Letter of Support <input type="checkbox"/> Other (explain in summary below)
Summary of Delegation:	
Technical Requirements:	<input type="checkbox"/> LCD Projector or Share Screen Ability (Zoom) <input type="checkbox"/> Other (ex. Zoom Webinar practice meeting):

NOTE: If making a PowerPoint presentation, a copy must be submitted one week in advance of your appearance, to be included on the agenda and pre-loaded on the computer/projector system