Westlock COUNTY
growing opportunity

Westlock County
COUNCIL MEETING DELEGATION FORM

Delegate Information

Council Meeting Date: _____

Name of Organization/Person: _____

Name of Presenter(s): _____

Address: _____

Phone Number: _____ Email: _____

Delegation Information

Topic/Issue/Concern/Etc: _____

Please provide a brief description of the nature of the presentation and attach any relevant information for Council to consider:

Are you requesting a specific action be taken by Council? If so, please provide a brief outline of the request:

Have you reviewed and understood section 6 or 7 of Westlock County's Council Procedural Bylaw 78/2025 regarding Public Presentations / Delegations?

☐ Yes ☐ No

Does the delegation require any special equipment? (PowerPoint, Overhead Projector, etc.)

☐ Yes ☐ No

If yes, please indicate what is required.

Date and Signature

Name: _____

Date: _____

Signature: _____

FOR OFFICE USE ONLY:

Comments:

The personal information you provide is collected under the authority of the *Access to Information Act* (ATIA) and Part 1, Section 4, of the *Protection of Privacy Act* (POPA). The information you provide may be entered into a computerized automated system to generate content or make decisions, recommendations or predictions and will be used only for the purpose for which the information was collected. If you have any questions about the collection, use, and disclosure of information, please contact the Access to Information and Protection of Privacy Coordinator at Westlock County at 10336 – 106 Street, Westlock, Alberta, T7P 2G1 (780) 349-3346.