

Deputation to Council

Shire President and Councillors
Shire of Toodyay
PO Box 96
TOODYAY WA 6566

I/We wish to apply to be received by the Shire of Toodyay Council at the next:

- Council Meeting on _____
 Committee Meeting on _____

APPLICANT DETAILS

Name: _____

Address: _____

Phone No.: _____ Email: _____

Representing: _____

Deputation Spokesperson(s) name: _____

Deputation relates to Agenda Item: _____

- Deputation will be speaking: In support of the recommendation set out in the report
 In opposition of the recommendation set out in the report

The purpose of the deputation is:

OFFICE USE ONLY

Deputation Accepted / Minuted

- CEO approved Council Approved Date: _____

