



CARDSTON 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 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 understand Cardston County's Council Delegation Policy?

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: