Date:_____ Name (s) of Presenter(s):_____

(COUNCIL MEETS EVERY 2nd AND 4TH THURSDAY OF THE MONTH)

REASON FOR PRESENTATION: (Give outline of what item(s) you wish to discuss with Council)

LENGTH OF TIME REQUIRED: (MAXIMUM OF 5 MINUTES)_____

WHAT SUGGESTIONS DO YOU HAVE TO PRIVIDE A SOLUTION TO RECTIFY THE ISSUE?

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SIGNATURE:_____ **PHONE NUMBER:**_____

PLEASE RETURN THIS FORM ON OR BEFORE 12 NOON THE THURSDAY PRIOR TO THE MEETING.

FOR OFFICE USE ONLY

Approved: Yes ☐ No ☐

Meeting Date:_____

Notes:

_____

_____

CAO Signature: