

THE CORPORATION OF THE  
**CITY OF WHITE ROCK**

15322 BUENA VISTA AVENUE, WHITE ROCK, B.C. V4B 1Y6



**REQUEST TO APPEAR AS A DELEGATION**

In order to appear as a delegation this **request form must be completed in its entirety and submitted to the Corporate Administration Department by 8:30 a.m. on the Monday prior to the scheduled meeting.** A separate letter containing additional information may be attached to the form. Please submit your application either in person, by mail (Corporate Administration, 15322 Buena Vista Ave, White Rock, BC. V4B 1Y6), or by e-mail ([clerksoffice@whiterockcity.ca](mailto:clerksoffice@whiterockcity.ca)). **PowerPoint presentations or other electronic media must also be submitted by 8:30 a.m. on the Monday prior to the scheduled meeting.**

City Staff will contact you to confirm your request, and if scheduled, the meeting date. Council meetings take place at 4:00 p.m. in the Council Chambers at City Hall (15322 Buena Vista Avenue) and delegations are generally scheduled at the start of the agenda. However, if a Public Hearing has been called for your selected meeting date, the Regular meeting will commence following the adjournment/conclusion of the Hearing (staff cannot anticipate how long this will take). You will be provided a **maximum of five (5) minutes** with no extensions to present your material. You may speak on more than one (1) topic or have more than one (1) speaker, but you must keep your presentation within the allotted five (5) minute time frame.

In accordance with the City's Council and Committee Procedure Bylaw, all delegation applications will be reviewed by the Director of Corporate Administration prior to being scheduled for the requested meeting. Further, a person may not apply to speak on the same subject/topic more than once within a year starting from the date it was first presented to Council.

**Please attach to this form any material that you wish Council to review prior to the meeting.**

Requested Meeting Date: \_\_\_\_\_ [Please refer to the Council Meeting Calendar for dates.]

Name(s) of Presenter(s): \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Presentation Topic / Purpose: \_\_\_\_\_

Information Only OR  Action Requested: \_\_\_\_\_

Does your requested action have any financial implications to the City?  Yes OR  No

If applicable, have you spoken with City staff or a specific department regarding your topic?

Yes OR  No

If so, whom did you speak with, what was the result, and what were the reasons given for the result?

Will you be providing a PowerPoint presentation or other electronic presentation?  Yes OR  No

**Please Note:** Electronic presentations displayed at open Council or Committee meetings will be posted on the City's website for public information purposes. If you have any questions or concerns please contact Corporate Administration at 604-541-2212.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_