

Town of Penhold

Presentation Request to Council



Last Name: _____ First Name: _____

Address: _____

Phone Number : _____ Date: _____

Please note that this form must be completed and handed into the Town by 8am the Wednesday prior to the following Mondays Regular Council meeting.

Summary:

Please indicate the key focuses with description

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I, the undersigned, agree that the information above is true to the best of my knowledge, and that I was present at the time of the occurrence.

Signature

Date

FOR OFFICE USE ONLY

Date Received: _____ Mail
Email Fax
Hand Delivered

To go to: Bonnie Stearns – bstearns@townofpenhold.ca

Action Taken:

Action completed by _____

Signature _____

Completion date _____