

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

- _____
- _____
- _____
- _____
- _____
- _____
- _____

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 _____ Fax _____
Email _____ Hand Delivered _____

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

Action Taken:

Action completed by

Signature

Completion date