



Shire of York

**APPLICATION FORM
REQUEST FOR DEPUTATION TO ADDRESS COUNCIL**

To: Acting Chief Executive Officer
Shire of York
1 Joaquina Street
YORK WA 6302

I/We apply to be received by the Shire of York at the Agenda Briefing Information Session meeting scheduled for _____ (meeting date).

Applicant's Name(s): _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Spokesperson Making Deputation: _____

I am speaking FOR / AGAINST the Officer Recommendation for Item _____ on the Agenda as per the following points: *(Please ensure legible writing or Deputation may not be accepted)*.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

NOTE: You are not permitted to speak on any matters outside the above identified points listed.

SIGNED: _____

DATE: _____

Please Note:

Only **one** Agenda Item subject per application form. Persons wishing to make more than one Deputation at the meeting will require the Presiding Members approval subsequent to presentation of the first deputation. A maximum time of 10 minutes per Agenda item is provided. Where there is more than one person speaking for or against an item, the timeframe will be reduced accordingly. Groups of people with the 'same interest' are encourage to elect one 'spokesperson' to speak on behalf of the group.

Submissions

Close off time for submission of a written Deputation Request Form is by 4.00pm the Friday before the Briefing Information Session.

Office Use Only

Form Completed

Deputation Accepted / Confirmed Receipt

.....
Minute Secretary

.....
Date

.....
Minute Secretary

.....
Date