



CYPRESS COUNTY

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DELEGATION REQUEST FORM

Name of Person or Group Requesting to Appear:

Council Meeting Date Requested: _____

Topic of Discussion (*Be specific, provide details, attach additional information if required*):

Purpose of Presentation:

Information only Request action/support Request funds Other: _____

Desired Outcome: _____

Activities to date regarding this matter:

Contact Person: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Office Use Only

Approved Declined Date Scheduled: _____

Applicant Informed: _____