



Town of Birch Hills

Council Meeting Appointment Request Form

Name: _____ Date of Request: _____

Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address PO Box

City Province Postal Code

Home Phone: _____ Cell Phone: _____

Council Meeting Details

Council Meeting Date: _____

Who are you representing?
(yourself or a group) _____

If representing a group, please
enter the complete mailing address _____

Issue to be presented: _____

Specific action to be
requested of council _____

Collection of Personal Information

Please submit electronic copies of all required material or correspondence for discussion.

The Town of Birch Hills collects this information to enable to make informed decisions on the relevant issue(s). If you are submitting any material, you should be aware that your name and/or submission(s) may become part of the public record and may also appear on the Town of Birch Hills website.

Please sign below to indicate that you have read the above statement.

Signature _____