Village of Rycroft
Council Presentation Form

Date:_____ **Name (s) of Presenter(s)** _____

(COUNCIL MEETS EVERY SECOND TUESDAY OF THE MONTH)

REASON FOR PRESENTATION: (Give outline of what item(s) you wish to discuss with Council.)_____

LENGTH OF TIME REQUIRED: (MAXIMUM OF 10 MINUTES) _____

WHAT DO YOU HOPE TO ACHIEVE AS AN OUTCOME OF THIS PRESENTATION?

_____ _____

NAME **PHONE NUMBER**

PLEASE RETURN THIS FORM ON OR BEFORE 12 NOON THE THURSDAY PRIOR TO THE MEETING.

**** For Office Use Only ****

Approved: Yes ☐ No

Meeting Date: _____
Notes:

_____

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CAO signature: _____