

DELEGATION REGISTRATION

MUNICIPALITY OF NORTH NORFOLK

COUNCIL MEETING

| I / We, | (Print Name), wish to appear as a | 1 |
|---|--|---------|
| Delegation at the next meeting of the | Municipality of North Norfolk. | |
| Council of | | (Date |
| NOTE: If this is a group then please pri | int name of group and show spokesperson below. | |
| Spokesperson (if different from above) | | |
| | to discuss the following matter / issue (be specific): | |
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| NOTE: IF THE SUBJECT MATTER LISTE THEN THE ISSUE / ITEM WILL NOT BE | D ABOVE HAS BEEN DEALT WITH TO THE SATISFACTION OF COUNC DISCUSSED FURTHER. | CIL, |
| , | | |
| | | |
| (Signed) | (Print Name) | |
| Contact #: | | |
| | | |
| | Received by: | |
| | Municipality of North No | vfo ile |

Municipality of North Norfolk