



Town of Nanton
1907 21 Avenue, P.O. Box 609,
Nanton, Alberta T0L 1R0
Phone 403.646.2029 Fax 403.646.2653
www.nanton.ca

Town of Nanton – Council Delegation Request Form

(Submit to: communications@nanton.ca by 12:00 PM the Wednesday prior to the requested delegation date)

DELEGATION INFORMATION

Full Name of Presenter / Organization Name:

Mailing Address:

Phone Number:

Email Address:

PRESENTATION DETAILS

Requested Date to Appear Before Council:

Subject / Title of Presentation:

Reason for Appearing Before Council:

(Please provide a brief summary of the purpose of your presentation)

Specific Request of Council:

(Please indicate any actions you are requesting from Council)



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Are You Making a Monetary Request?

☐ Yes ☐ No

If yes, please indicate the amount requested:

\$ _____

And describe how the funds would be used:

SUPPORTING MATERIALS

Will you be submitting any supporting documents, presentations, or other attachments?

☐ Yes ☐ No

All materials must be submitted to: communications@nanton.ca by 12:00 PM on the Wednesday prior to the requested delegation date.

Please list the type of attachments you will be submitting:

ADDITIONAL INFORMATION

Will there be more than one speaker?

☐ Yes ☐ No

If yes, how many total speakers: _____

Have you presented to Council before on this topic?

☐ Yes ☐ No

If yes, when: _____

CONSENT AND SIGNATURE

By submitting this form, I acknowledge that all information provided is accurate and complete to the best of my knowledge, and that I understand the requirements and deadlines for presenting to the Town of Nanton Council.

Signature: _____

Date: _____