



## TOWNSHIP OF CRAMAHE COUNCIL DELEGATION

Date of Meeting: \_\_\_\_\_

Name of Delegate: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I would like to be put on the Council agenda to discuss the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please fax to (905) 355-3430 or email to  
candice@cramahetownship.ca**