Village of Rycroft
Council Presentation Form

Date:_____

(COUNCIL MEETS EVERY SECOND AND FOURTH 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 4 PM THE THURSDAY PRIOR TO THE MEETING.