

DEPUTATION REQUEST FORM



Office Hours
8:30am – 4:30pm
Monday to Friday

6177 Great Northern Highway
PO Box 70
BINDOON WA 6502

(08) 9576 4600

chatter@chittering.wa.gov.au
www.chittering.wa.gov.au

Use this form to advise the Shire of your request to make a Deputation to an upcoming Council Meeting.

Please ensure you submit your Deputation by 5pm the day before the meeting by emailing chatter@chittering.wa.gov.au or hand delivering the form to the Executive Support Officer or Chief Executive Officer at the Shire's Administration Centre.

APPLICANT DETAILS

| | | | |
|--|--|----------------|--|
| Applicant Name | | | |
| Applicant Address | | | |
| Mobile/Contact No | | | |
| Email Address | | | |
| Meeting Date | | Agenda Item No | |
| I am Speaking FOR / AGAINST the Officer Recommendation as per the following statement: | | | |
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| | | | |

Signed: _____

Date: ____ / ____ / ____

Please note:

A Deputation invited to attend a Council meeting:

- (a) is not to exceed five (5) persons, only two (2) of whom may address the Council, although others may respond to specific questions from Members;
- (b) is not to address the Council for a period exceeding ten (10) minutes without the agreement of the Council; and
- (c) additional members of the deputation may be allowed to speak with the agreement of the Presiding Member.

| | |
|---------------------|--|
| Name of Speaker (1) | |
| Name of Speaker (2) | |

OFFICE USE ONLY

| | | | |
|---------------------|--|---------------------|--|
| Date Received | / / | Request Received By | Shire Officer Name |
| Record No | | Approved by CEO | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved by Council | <input type="checkbox"/> Yes <input type="checkbox"/> No | Deputation Accepted | <input type="checkbox"/> Yes <input type="checkbox"/> No |