



The Township of Asphodel-Norwood
2357 County Road 45
P.O. Box 29
Norwood, ON
K0L 2V0



Request to Address Council

If you would like to appear as a delegation before the Township of Asphodel-Norwood Council, you must complete this form and submit it to the Municipal Office. Please note that the deadline for delegation requests is six (6) days prior to the meeting.

Name of Individual(s): _____

Name of Organization: _____

Email: _____

Phone number: _____

Reason for delegation request: _____

Please submit the completed application to:

Candice White

cwhite@asphodelnorwood.com

Fax: 705-639-1880

Phone: 705-639-5343

To be completed by Municipal staff:

Meeting Date: _____