



MUNICIPAL DISTRICT OF SPIRIT RIVER NO. 133

REQUEST TO COUNCIL DELEGATION FORM

Date: _____

Name: _____

Address: _____

Phone: _____

Land Location: _____ Quarter _____ TWP _____ Range _____ W6M

Nature Of Request: _____

Details: _____

Information Taken By: _____

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Date Taken To Council Meeting: _____

Action Taken By Council: _____
