REGISTRATION FORM FOR DELEGATIONS TO ADDRESS THE CAPITAL REGIONAL DISTRICT BOARD OR A CRD COMMITTEE

- The Board (Committee) may, by majority vote, allow a delegation to address the meeting on the **subject of an agenda item**.
- Each delegation is required to complete this form and submit it to CRD Legislative & Information Services by 4:30 pm not less than two calendar days prior to the meeting. For a Wednesday meeting, this means that the form must be received on Monday of the week of the meeting.
- If you miss this deadline, you may still submit this form; however, such requests will require unanimous approval.
- Each address shall be limited to four minutes unless a longer period is agreed to by unanimous vote.
- Any PowerPoint or video presentation which accompanies a delegation's speech must be provided to Legislative Services in its electronic form at least 24 hours in advance of the meeting.
- Rules governing delegations are outlined in Section 13 of the Capital Regional District Board Procedures Bylaw 3828.
- All open Board and Standing Committee meetings that take place in the 6th floor Board Room, 625 Fisgard Street, Victoria, will be webstreamed.

Submit form to CRD Legislative Services - Fax: (250) 360-3130

I wish to address the: ☐ **CRD BOARD**

☐ _____**COMMITTEE**

AT THE MEETING OF _____**, 201**___ **at** _____ **AM/PM**

ON AGENDA ITEM _____

NAME _____

ADDRESS (optional) or AREA/MUNICIPALITY YOU RESIDE IN: _____

I REPRESENT _____
(Name of Organization if applicable)

AS _____
(Capacity/Office)

TELEPHONE _____ **FAX** _____

E-MAIL _____

My reason(s) for appearing is (are) and the substance of my presentation is as follows:

_____

_____

_____
(If more space is required, please attach an additional page to this form.)

☐ I will have a PowerPoint or video presentation and will submit it at least 24 hours in advance of the meeting.

☐ I am aware that the meeting and my presentation will be webstreamed live via the CRD website and recorded.

*Please note personal information contained on this form is collected under the authority of the *Local Government Act* and is subject to the *Freedom of Information and Protection of Privacy Act*. The personal information will be used for contact purposes only. Enquiries about the use of information in this form can be directed to the Freedom of Information and Protection of Privacy contact: Manager, Information Services at 250-360-3639.

_____ _____
Date *Signature*

Capital Regional District, P.O. Box 1000, 625 Fisgard Street, Victoria, BC, V8W 2S6
Phone: (250) 360-3127 **Fax: (250) 360-3130**