

**RULES GOVERNING THE HEARING OF INDIVIDUALS OR DELEGATIONS
BY THE CAPITAL REGIONAL DISTRICT BOARD OR A CRD COMMITTEE**

- The Board (Committee) may, by *majority* vote, allow an individual or a delegation to address the meeting **on the subject of an agenda item**.
- Each speaker is required to complete this form and submit it to the CRD Legislative Services Department not less than two calendar days prior to the meeting. For a Wednesday meeting, this means that forms must be received by 4:30 p.m. 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 five (5) minutes unless a longer period is agreed to by unanimous vote.
- The Board (Committee) shall not permit a delegation to address a meeting regarding: 1) a zoning or community plan bylaw for which a Public Hearing has been held; or 2) a matter to be dealt with as a grievance under a collective agreement, or that is within the exclusive mandate of the Greater Victoria Labour Relations Association Board.
- Any person(s) or organization wishing to appear before the Board as a delegation shall have first appeared before the appropriate Committee/Commission.

Submit form to CRD Legislative Services Department - 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.)

*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, Risk, Insurance and FOI at 250-360-3000.

Date

Signature

Capital Regional District, P.O. Box 1000, 625 Fisgard Street, Victoria, BC, V8W 2S6
Phone: (250) 360-3129 **Fax: (250) 360-3130**