RULES GOVERNING THE HEARING OF INDIVIDUALS OR DELEGATIONS
BY THE CAPITAL REGIONAL DISTRICT COMMISSIONS

- Under the CRD Procedural Bylaw, the Commission may, by resolution; allow an individual or a delegation to address the meeting on the subject of an agenda item, provided written application has been received by the Salt Spring Island Administration Office no later than 4:30pm two (2) calendar days prior to the meeting.
- If you miss this deadline, you may still submit this form; however such requests will require unanimous approval of the Commissions at the intended meeting.
- Each address should be limited to five (5) minutes unless a longer period is agreed to by unanimous vote.
- Each delegation should provide the number of copies of their written submission, as determined by the Salt Spring Administration Staff.

Submit form to Salt Spring Island Administration
E-mail: saltspring@crd.bc.ca
Fax: (250) 537-4456
Capital Regional District, 108 121 McPhillips Ave, Salt Spring Island, BC V8K 2T6

I wish to address the:

- Parks and Recreation Commission
- Transportation Commission
- Community Economic Development Commission

AT THE MEETING OF _________________, 201__ at __________ AM/PM
ON AGENDA ITEM ____________________________

NAME______________________________________
ADDRESS____________________________________

I REPRESENT ____________________________________
(Name of Organization if applicable)
AS ____________________________________________
(Capacity/Position)

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.)

Date ______________________________ Signature ____________________________