

Please return completed application form to:

In Person: Kangaroo Island Council, 43 Dauncey Street, Kingscote

Penneshaw Community Business Centre, 99 Middle Terrace, Penneshaw

By Post: PO Box 121, Kingscote \$A 5223

Fax: 08 8553 2885

Email: <u>kicouncil@kicouncil.sa.gov.au</u>

For further information please contact Customer Service on 8553 4500.

Deputation By:						
Representing/ On Behalf of:						
	Organisation/	'Group				
Contact Number:						
Contact Email:						
Council Meeting Date:						
Topic for Discussion:						
Brief Outline of Deputation: (Please attach any						
supporting documentation)						
Signature:			D	oate:	/	/
Deputation Guidelines	:					
<ol> <li>A person or persons wishing to appear as a deputation at a meeting must deliver (to the principal office of the Council) a written request to the Council seven (7) days prior to the meeting.</li> <li>The CEO must transmit a request received to the Mayor.</li> </ol>						
3. The Mayor may refuse to allo			e meeting.			
4. The CEO must take reasonable steps to ensure that the person or persons who requested the deputation are informed of the outcome of the request within the seven (7) days prior to the meeting.						
5. If the Mayor refuses to allow Council or Council Committee	a deputation to	o appear at a mee		he decision to	the next med	eting of the
6. The Council or Council Com			outation to appear despite a	contrary ruling	of the Mayo	or; and
7. A person or persons appearing as a Deputation will be allowed to speak on an issue for a maximum of ten (10) minutes. The Mayor may allow for additional time or speakers. There shall be no debate or decision.						
Office Use Only						
Deputation Approved:	YES	NO $\square$	Meeting D	ate:	/	/