# **Application for a Deputation - Council Meeting**

Please print				
Title	Given Name/s			
Surname				
Organisation				
Unit/Street No	Street			
Suburb			State	Postcode
Phone H		В	M	
Email				
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**Please Note:** Background information may be edited for inclusion in the Agenda for the Council Meeting. You are welcome to attach a separate sheet.

### Name/s of Presenter/s (if different to applicant)

Position	Name

If your presentation requires more than three presenters, please contact us to discuss the format of your deputation before you submit this application.

Do	you have a pr	eferred da	ite for your D	eputation?		
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Council Meetings are held on alternate Thursdays. Dates are published at www.launceston.tas.gov.au.

Please Note: If your Deputation is approved, you will have up to 15 minutes in which to deliver your presentation. Time permitting, Councillors may wish to discuss your presentation and ask questions.

### What happens next?

Email or deliver the completed form to us. We will be in touch after your application has been reviewed by the Mayor and Chief Executive Officer.

#### Personal Information Protection Statement

As required under the Personal Information Protection Act 2004

- 1. Personal information is managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates, on request to Launceston City Council.
- 2. Information can be used for other purposes permitted by the Local Government Act 1993 and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of Launceston City Council, in accordance with Council's Personal Information Protection Policy (17-Plx-005).
- Failure to provide this information may result in your application not being able to be accepted or processed. 3.

CITY OF LAUNCESTON - Application for a Deputation - Council Meeting

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## Office Use Only:

I approve the deputation described above and all of the relevant information and requests, unless indicated otherwise in the additional comments below:

General Manager's Approval (when required)	Date	1	1	
Mayor's Approval	Date	1	1	
Chief Executive Officer's Approval	Date	1	1	
Additional comments/information from Mayor o	or Chief Executive Officer			

File No. SF0097					
EO		OD		Box	
Doc. No.					
Action	Action Officer		Date Received		