

Before you start completing this application, please ensure you have read the information below carefully.

DEPUTATION REQUEST FORM

Please complete this request and return to the Roxby Council at least 7 days prior to the Council meeting at which you wish to be heard.

TO: The Chief Executive Officer (CEO)

I/We hereby request to be heard at the Council meeting to be held *(please select option below)*

☐ At the next available Council meeting, or ☐ at the Council meeting on:
(Please refer to the Council Meeting Calendar on our [website](#) for details of Council meeting dates)

APPLICANT DETAILS

Applicant Name
Applicant Email
Applicant Address
Applicant Phone

What is your relationship to the Municipal Council of Roxby Downs (Roxby Council)?

☐ Resident ☐ Ratepayer ☐ Other
(Please specify)

SPEAKER DETAILS

Who will you be speaking for?

☐ On my own behalf ☐ As the spokesperson of a group of persons
(Please specify)

SUBJECT OF DEPUTATION

The subject/topic, along with your name will be recorded in the minutes of the meeting.

DESCRIBE IN DETAIL THE TOPIC OR ISSUE YOU WISH TO SPEAK ABOUT

Please give sufficient details of the matter to enable consideration of your request for a deputation (this is not recorded in the minutes).

OTHER DETAILS

Have you contacted your Council about this issue

☐ Yes ☐ No

If yes, who did you speak to?

Have you contacted Council's Administrator about this issue?

☐ Yes ☐ No

If yes, please provide details below.

Do you wish to distribute handouts or include a presentation as part of your deputation?

☐ Yes ☐ No

If yes, a copy of your handouts or presentation must be provided on submission of this form for consideration by the Presiding Member.

SUBMISSION

- ☐ I have read and understood the information provided at the beginning of this form and acknowledge that Council and Committee meetings are open to the public and there are no privileges protecting me in relation to defamation.
- ☐ I understand that by attending this meeting, my image may be broadcast via Microsoft teams which is available to members of the public.
- ☐ I will always maintain appropriate behaviour and will be considerate of other people's points of view.
- ☐ I have attached a copy of handouts I wish to distribute / presentation to include as part of my deputation.

Applicant Name

Applicant Email

Applicant Address

Once completed, please return to the Roxby Council, either:

In person: 6 Richardson Place, Roxby Downs, | **Post:** PO Box 124 Roxby Downs SA 5725 |

Email: roxby@roxbycouncil.com.au.

OFFICE USE ONLY

Received Date & Time at AM PM

Acknowledged by Administrator Signature Date

Approved ☐ Yes ☐ No

Meeting Date Deputation Time

Deputee Notified ☐ Yes ☐ No ☐ In Writing ☐ Verbally

Date Notified