

REQUEST FOR DEPUTATION

Name: _____

Address: _____

Phone / Mobile Number: _____

Are you a Resident or Ratepayer? _____

Preferred Council Meeting Date: _____

(please refer to the Council Meeting Calendar on our website for details of council meetings)

Location: City of Playford Council Chambers
Civic Centre,
Playford Boulevard
ELIZABETH SA 5113

Time for representation (if approved): From 7:00pm onwards

Subject of Deputation: _____

Have you contacted your local Councillors about this issue? Yes / No (please circle)

If yes, please write the name of your local Councillor you have spoken to: _____

I wish to distribute handouts as part of my deputation *(Please circle as appropriate)*: Yes / No


If yes, please note that all handouts must be approved prior to the meeting – accordingly, please attach a copy of your handouts to this request form. The handouts will need to be approved by the Presiding Member.

Please note:

1. A time allocation of five (5) minutes per representor is allowed. Please ensure that your presentation is completed within this timeframe. Councillors may ask you questions following your presentation.
2. Only factual and relevant information should be presented.
3. Please return this form to:

City of Playford
12 Bishopstone Road or governance@playford.sa.gov.au
DAVOREN PARK SA 5113

4. **This form must be received at least eight (8) clear days before the meeting.**
5. Under the City of Playford’s Code of Practice for Council and Committee Meetings, the Presiding Member (often the Mayor) must personally approve your deputation request. Once this occurs, you will be advised in writing of the outcome – please ensure that your contact details above are completed in full.

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