

# Request for Deputation Form

**Note: All fields within the Request for Deputation form are required fields.**

This form is to be received by Council no less than seven (7) clear days prior to the meeting at which you wish to be heard:

Email to: [postbox@mid-murray.sa.gov.au](mailto:postbox@mid-murray.sa.gov.au)  
In person to: 49 Adelaide Road, Mannum  
Main Street Cambrai  
Fourth St (cnr Eighth St), Morgan

by Post: PO Box 28  
MANNUM SA 5238

1. Details of Represantor:

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. I hereby request to be heard at:

Council Meeting ☐ or

Committee meeting ☐

Name of Committee: \_\_\_\_\_

3. Date of meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_am/pm

4. I wish to be heard via:

Zoom ☐ or

In person ☐

5. I will be speaking:

On my own behalf ☐

As a spokesperson of a group of persons ☐

Name of Group, if applicable: \_\_\_\_\_

6. My deputation will include a visual presentation Yes ☐ No ☐

7. State the subject matter of the deputation?

---

---

8. Why is the topic relevant to Council?

---

---



9. What would be your desired outcome from this deputation?

---

---

10. Why is this deputation of benefit to the community?

---

---

**Please Note:** if you wish to distribute information as part of your deputation, this material must be provided to administration prior to the meeting at which your deputation occurs. Please ensure you discuss any information you wish to be distributed or options for presenting your deputation with Administration when you receive confirmation that your Request for Deputation has been approved.

I/we have read and understood the Deputation and Submissions to Council Policy & Guidelines ☐

Signature

Date

or

Print Name

Office Use Only	
Received: Date and time: ____/____/____ at ____am/pm	
Acknowledged by Presiding Member Signed: _____ Dated ____/____/____	
Acknowledged by the Chief Executive Officer Signed: _____ Dated ____/____/____	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Meeting: Council <input type="checkbox"/> Committee <input type="checkbox"/>
Meeting Date and time: ____/____/____ at ____am/pm	Representor Notified: ____/____/____

