MUNICIPAL DISTRICT OF SPIRIT RIVER NO. 133

REQUEST TO COUNCIL DELEGATION FORM

Date:_____

Name: _____

Address: _____

Phone: _____

Land Location: _____ **Quarter**_____ **TWP** _____ **Range**_____ **W6M**

Nature Of Request: _____

_____

Details: _____

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Information Taken By: _____

Date Taken To Council Meeting: _____

Action Taken By Council: _____

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