

The applicant should read the Community Consultation Session Policy before completing this form. If approved, the applicant is allowed a maximum of five minutes only to address any one item on the agenda of the meeting.

Applicant Name: _____

Telephone Contact Number: _____

Date of Ordinary Council Meeting: _____

Report Number: _____

Report Title: _____

I will be speaking FOR or AGAINST the abovementioned item (please tick one option only).

KINDLY NOTE:

Approved speakers are to register any written, visual, or audio material to be presented in support of their address to Council and identify any equipment needs **no more than one (1) day before the Council Meeting**. The General Manager or his delegate may refuse to allow such material to be presented.

**APPLICATIONS MUST BE RECEIVED BY COUNCIL BY 12.00 NOON ON THE DAY
BEFORE THE COUNCIL MEETING USING ONE OF THE FOLLOWING METHODS:**

Hand delivered: Council Administration Centre
80 Castlereagh Street, Coonamble NSW 2829

Post: General Manager, Coonamble Shire Council
PO Box 249, Coonamble NSW 2829

Emailed: council@coonambleshire.nsw.gov.au

FOR OFFICE USE ONLY:

Date application received: _____

General Manager (Approval / Refusal) _____
(Signature & Date)

Reason for Refusal: _____

Date Applicant informed: _____