**Request for a deputation to be received at the meeting of the Council on:**

Date of meeting:

**Subject**

|  |  |  |
| --- | --- | --- |
| **Name**  (please print) | **Address**  (please print) | **Signature** |

Note: Individuals signing this request must be persons living, working or studying in the borough.

**Leader of the Proposed Deputation and other person that will join meeting to present deputation**

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**Remaining supporting details (at least 19 more required):**

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**Contact details: Please submit form to** Democratic Services, democracy@lambeth.gov.uk