**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**

|  |  |  |  |
| --- | --- | --- | --- |
| 1  |   |   |   |
| 2  |   |   |   |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 3  |   |   |   |
| 4  |   |   |   |
| 5  |   |   |   |
| 6  |   |   |   |
| 7  |   |   |   |
| 8  |   |   |   |
| 9  |   |   |   |
| 10  |   |   |   |

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| --- | --- | --- | --- |
| 11  |   |   |   |
| 12  |   |   |   |
| 13  |   |   |   |
| 14  |   |   |   |
| 15  |   |   |   |
| 16  |   |   |   |
| 17  |   |   |   |
| 18  |   |   |   |
| 19  |   |   |   |
| 20  |   |   |   |

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