

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

**Leader of the Proposed Deputation:**

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**Contact details:** Tel. (W) \_\_\_\_\_ (H) \_\_\_\_\_  
 (M) \_\_\_\_\_ (Email) \_\_\_\_\_

**Other five members of the Deputation:**


**Remaining supporting details (at least 14 more required):**


**Contact details:** Democratic Services, Democratic Services & Scrutiny, Corporate Affairs  
 Tel: 020 7926 2170 democracy@lambeth.gov.uk