

APPENDIX E

Submit a Question to be asked at Full Council Meetings

NAME:
ADDRESS:
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TELEPHONE NUMBER:
EMAIL ADDRESS:
DATE OF THE COUNCIL MEETING:
WHO IS YOUR QUESTION TO:
YOUR QUESTION:
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FOR DEMOCRATIC SERVICES TEAM USE ONLY	
DATE QUESTION RECEIVED:	APPROVED? YES / NO
CHECKED BY:	
IF NOT APPROVED, STATE REASON:	
.....	
.....	
DATE WRITTEN RESPONSE SENT:	