

# Written Deputations Form

61 Broun Avenue, Morley WA 6062 | P: 9272 0622 | F: 9272 0665 | [mail@bayswater.wa.gov.au](mailto:mail@bayswater.wa.gov.au) | [www.bayswater.wa.gov.au](http://www.bayswater.wa.gov.au)

## Deputations by members of the public

A deputation is a statement or response made in relation to an item on a Council agenda.

Deputations are an important part of community participation in the decision-making process, providing individuals or groups in the community with an opportunity to present their opinions at the meeting.

## Procedure of seeking approval

A person wishing to present a deputation must apply in writing to the Chief Executive Officer and the application must be received by 1:30pm on the advertised date of the Agenda Form Briefing meeting.

Most deputations will be presented in person at the Agenda Briefing Form meeting which commences at 7:00pm. However, if you are unable or do not wish to present your deputation in person, you may complete the *Written Deputations Form* and the deputation will be distributed to Councillors.

## Time allocated

The time allocated for deputations is 10 minutes in total, (comprising 5 minutes for the presentation and 5 minutes for the deputies to respond to questions raised by the meeting), unless Council approves otherwise.

v	Meeting	Date
	Agenda Briefing Forum	

Item Number

\_\_\_\_\_

Brief description of the item  
which the deputation applies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number (maximum of 5) of  
Intended deputies:

\_\_\_\_\_

Names of those forming the  
deputation:

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

4.

\_\_\_\_\_

5.

\_\_\_\_\_

Name of spokesperson for  
the deputation:

\_\_\_\_\_

Acknowledgement:

By ticking this box I/We acknowledge that this written deputation will be published on the City of Bayswater website as a word for word document.

I understand the City of Bayswater will redact any personal contact from this written deputation (for example residential address, email, contact number).

Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐

v