



DELEGATIONS FOR TOWN OF KEARNEY  
COMMITTEE/COUNCIL MEETINGS

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

GENERAL NATURE OF DELEGATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WRITTEN PRESENTATION TO BE PROVIDED TO THE CLERK:

Yes \_\_\_\_\_ No \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Twyla Nicholson, Clerk  
Town of Kearney  
705-636-7752 (tel)*