PROVINCIAL CAPITAL COMMISSION

Request to Present to the PCC

Date: _____

Name of Individual:_____
or
Name of Organization:_____

Spokesperson (for organization):_____

Contact Phone Number:_____ Fax Number: _____

Mailing Address:_____ Email: _____
Apt./Street

_____
City/Town Postal Code

Topic: _____

Summary of presentation: (or you may attach your presentation)

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A COMPLETED APPLICATION IS REQUIRED. PLEASE NOTE THAT THE MAXIMUM TIME TO PRESENT TO THE BOARD IS FIVE MINUTES.