

Roinn Pobail,
Halla an Chontae,
Tamhlacht,
Baile Atha Cliath 24.



Community Department,
County Hall,
Tallaght,
Dublin 24.

Application for Deputation Meeting

Name of Group making application: _____

E-mail Address for correspondence:

Contact Name & Address:

Day-Time Telephone No. _____

Names of Office Bearers: -

Chairperson: Mr/Ms _____

Day-Time Telephone No. / E-mail _____

Secretary: Mr/Ms _____

Day-Time Telephone No. / E-mail _____

Please confirm that you have read the “Information on Deputation meetings” document

I understand that Deputation Meetings will be held via Microsoft Teams

As part of the Deputation meeting application process, groups must join the PPN (Public Participation Network). You can register @ <http://www.sdcpn.ie/>

Your Groups Public Participation Network Number: _____

Declaration

I declare that the information supplied in this form is accurate and complete. I understand that all information provided in respect of this application will be held electronically and could be made available to other departments within South Dublin County Council.

It should be noted that the Freedom of Information Act 2014, and the Data Protection Acts 1988-2018 applies to all records held by South Dublin County Council. I have read the privacy statement which was provided to me in connection with Deputation meetings.

- Please confirm that you have read and understood the privacy statement in relation to Deputation meetings

Signed: _____ Date: _____

Proposed Agenda

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Signed:	Dated:
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Completed Application Form may be emailed to comdevof@sdublincoco.ie

Or posted to:

Community Department,
County Hall, Tallaght,
Dublin 24.

Website: www.sdcc.ie

Note: *Information submitted on this form may be held on a database.*