



The City of Saint John

SUBMISSION TO COUNCIL FORM

INSTRUCTIONS

- All submissions (letters, petitions, etc.) must be submitted by no later than 4 p.m. on the Wednesday prior to the Council meeting.
- Submissions must not contain defamatory or offensive language
- Submissions must include the name and mailing address or the telephone number of the author

Submissions to Council are to be submitted using this form and any other attachments can be added to this form. After the Council meeting in which your submission appears, you will receive a letter from the office of the Common Clerk informing you of Council's decision.

This form can be filled out electronically and then emailed to the Common Clerk's office at commonclerk@saintjohn.ca , or it can be printed out and mailed or hand delivered to the following:

Mailing Address:

Office of the Common Clerk
City Hall Building
PO Box 1971
Saint John, NB E2L 4L1

Street Address:

Office of the Common Clerk
City Hall Building
8th Floor – 15 Market Square
Saint John, NB E2L 1E8

ABOUT YOUR PERSONAL INFORMATION

Personal information and opinions in communications shall become part of the public record, unless the author of the communication requests the removal of his personal information when submitting it, or the Clerk determines that the release of the personal information contravenes the Right to Information and Protection of Privacy Act, SNB 2009, c R-10.6, and amendments thereto.

If you have any further questions please call us at 658-2862



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ABOUT PERSON/GROUP PRESENTING

First Name: [Click here to enter text.](#)

Last Name: [Click here to enter text.](#)

Name of Organization/Group (where applicable): [Click here to enter text.](#)

Mailing Address: [Click here to enter text.](#)

City or Town: [Click here to enter text.](#)

Province: [Click here to enter text.](#) Postal Code:

[Click here to enter text.](#)

Day Time Phone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

If you do **NOT** wish to have your personal information (address, phone number, email) become part of the public record, please check this box.

ABOUT YOUR SUBMISSION

Topic of Submission: [Click here to enter text.](#)

Purpose for Submission (what is the ask of Council): [Click here to enter text.](#) To switch to a new paragraph hit Shift+Enter.

Executive Summary: [Click here to enter text.](#) To switch to a new paragraph hit Shift+Enter

YOUR SIGNATURE

Signature: Type name here.

Date: [Click here to enter a date.](#)

FOR USE BY THE CITY OF SAINT JOHN ONLY

Date Received: [Click here to enter a date.](#)

Council Meeting Date: [Click here to enter a](#)

date