

Media Recording Request Form

The Mayor and/or Clerk of the Township of Huron-Kinloss reserves the right to approve the use of cameras, electrical lighting equipment, television cameras and any other device of mechanical, electronic or similar nature used for transcribing or recording proceedings by auditory or visual means by accredited or other representative of any news media if advance notice is provided.

Request for use of Reco	rding Device	
a) \Box on my own behalf;	or	
b) \square on behalf of a med	ia organization if b), please sta	ite name of organization below.
Name (a) as Madia Ourse		
Name(s) of Media Organ	lization (please print)	
Name(s) of Requestor (p	please print)	
Purpose of Audio/Video	Recording (please print)	
Please describe below, any	other details.	
Contact Information (will	I not be posted publically):	
Address:		
Telephone:		
Email:		
Signature		
Office Use:		
Permission Date:	Audio:	Video/Camera

Completed and signed requests a must be delivered to the Clerk and will be confirmed by the Clerk by email.