



LEAVE OF ABSENCE REQUEST
(As per Code of Meeting Practice Clause 5.3-5.6)

Councillor Name: Virginia Black

Signature: *V. Black*

Date: 04/02/2021

Date/s of absence: 09/02/21 to 23/02.21

Reason for absence: Personal Medical

Received by Mayor: *J. Hendrie*
(signature)

Date: 10/02/2021

Presented to Council Meeting held on: 24 February 2021

Accepted/Rejected

Minute No. _____