

Delegation Application

To: The Office of the Chief Administra	tive Officer			
IWe, WO Andre Marchand	780-207-7948	IMe, Rae Assailly	780-	201-5160
(Name)	(Telephone Number)	(Name) (Tele	ephone Number)
Mailing Address Po Box 4519 5to	Forces, Cold Lake A	B TOMOCO		
E-mail Address andre, marchan	d@ Forces qc.ca			
request to appear as a delegation before	Cold Lake City Council at a	meeting to be held on <u>nex</u>	available meet	ing , 20
*Please Note: In the event of several dele	egations, please indicate an	alternate date or you will be	assigned to the next av	/ailable meeting.
The purpose of the delegation is to present the following: (see reverse for requirements)				
A copy of all information regarding the topics of the second	topic must accompany the a	application.		
Facility sponsorship - please see attached information				
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* Where the subject matter of a delegation p	ertains to legal matters, perso	nnel, and/or private property is	sues, the City of Cold Lak	e reserves the right not to
hear such delegations.		ī		
I/We acknowledge that only the above matter will be discussed during the delegation.			FOR INTERNAL USE ONLY	1/111/
Signed Out and and	Date May 22, 20	19	Request Approved by 🥢	1111
Signed	Date May 22 20	019	Date Approved for	UNE 11, 2019
Return completed application to the C		cc:		
5513-48 Avenue, Cold Lake, AB T9M 1A1			□ Other	
Phone: (780) 594-4494 Ext. 7967 Fax: (780) 594-3480	2			

Email: creimer@coldlake.com Form 11-00-06

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