

Email: creimer@coldlake.com

Form 11-00-06

Cold Lake

Delegation Application

To: The Office of the Chief Administrative Of	ficer		
IMe, Erin Ritchie 403	<u>3-200-9880</u> IMe, <u>A</u>	Arianno Crook	780-207-5960
	elephone Number)	(Name)	(Telephone Number)
Mailing Address 5107 W - 50 Stw	et P.O Box 823	+ Bonnyville AR	T9N 2J5
E-mail Address 1,ca 2@lica.ca			
request to appear as a delegation before Cold L	ake City Council at a meeting to	o be held on <u>May 14</u>	, 20 <u>19</u> .
*Please Note: In the event of several delegation	s, please indicate an alternate o	date or you will be assigned to	the next available meeting.
The purpose of the delegation is to present the	following: (see reverse for requiremen	its)	
A copy of all information regarding the topic m	ust accompany the application.		
To provide an update or	LICA'S initiatives	within the reg	Fion Inclubing
LICA's education outleach	Diograms, air monito	ving, and environ	mental programs.
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* Where the subject matter of a delegation pertains	to legal matters, personnel, and/o	r private property issues, the City	of Cold Lake reserves the right not to
hear such delegations.		FOR INTERNA	AL USE ONLY
I/We acknowledge that only the above matter w		gation. Request App	2/1/2/1
Signed La Rilsha Dat	e -12018, 2019		
Signed OxX Dat	e April 8 2019	Date Approv	ed for
Return completed application to the City of C	old Lake	сс:	
5513-48 Avenue, Cold Lake, AB T9M 1A1		□ Other	
Phone: (780) 594-4494 Ext. 7967 Fax: (780) 594-3480	TO SECOND		

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