

JUN 192019

Cold Lake

## **Delegation Application**

CITY of COLD LAKE

Email: creimer@coldlake.com

Form 11-00-06

| To: The Office of the Chief Administrative Officer  |  | Contact                      |  |
|---|--|------------------------------|--|
| IWe, Teresa Pettit  | 7808150597 IMe,                                  | Craig                        | 7808126010                             |
| (Name)  | (Telephone Number)                               | (Name)                       | (Telephone Number)                     |
| Mailing Address Sox 1567  | Cold habe AB To                                  | amipy                        |  |
| E-mail Address the gra  | nde parlour @ gmail                              | l.com                        |  |
|   | Cold Lake City Council at a meeting to be h      |                              | 25, 20 19.                             |
|   | gations, please indicate an alternate date o     |                              |  |
| The purpose of the delegation is to present   | t the following: (see reverse for requirements)  |                              |  |
| A copy of all information regarding the to  | pic must accompany the application.              |                              |  |
| grant request   | for Verge Fest                                   | wal opera                    | tions cost                             |
|   |  | 11-11-11-1 <u>0</u>          |  |
|   | , " 4-"  |                              |  |
|   |  |                              |  |
| *   |  |                              |  |
| * Where the subject matter of a delegation per<br>hear such delegations.  | rtains to legal matters, personnel, and/or priva | te property issues, the City | of Cold Lake reserves the right not to |
| I/We acknowledge that only the above mat  | tter will be discussed during the delegation     |                              | MAIL-                                  |
| Signed Union My   | Date June 19/19                                  |                              | oved by                                |
| Signed  | _ Date   | Date Approve                 | d for JUNE 25/19                       |
| Return completed application to the Cit 5513-48 Avenue, Cold Lake, AB T9M 1A1 Phone: (780) 594-4494 Ext. 7967 Fax: (780) 594-3480 | y of Cold Lake                                   | cc:                          |  |

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