

Cold Lake

Delegation Application

To: The Office of the Chief Administra I/We, Protective Services Dept.	594-4494 Ext. 8031 I/We,			
(Name) Mailing Address_ 5513 - 48 Avenue,	(Telephone Number) Cold Lake, AB T9M 1A1	(Name)	(Telephone Number)	
E-mail Addressjfallow@coldlake.c	eom			М
request to appear as a delegation before	e Cold Lake City Council at a meeting to be held or	1	March 12	, _{20_} 19
*Please Note: In the event of several de	legations, please indicate an alternate date or you	will be assigned	I to the next available	meeting.
The purpose of the delegation is to prese	ent the following: (see reverse for requirements)			
A copy of all information regarding the	topic must accompany the application.			
Alberta Emergency Services Med	al/Bar Presentation for 22 years and 32 yea	ars of service	to Albertans	
One (1) member from Cold Lake	Ambulance Society (CLAS) - Meloney Cros	s (AESM & S	ervice Bar 22 yea	r)
Nine (9) members from Cold Lake	Fire-Rescue (CLFR) - Norm Hollis, Brent	Stasuik, Melv	in Griffith, Hugh M	lcKay,
Jason Spears, Kelly Sweeney &	Jeff Fallow (Service Bar 22 year), Dave Fit	ch & Doug Si	rant (Service Bar	22, 32 year)
To be eligible for the medal and be	ars, personnel must have been serving on	or after Janua	ary 1, 2000, in a s	ector of the
Alberta emergency management	system.			
* Where the subject matter of a delegation place such delegations.	pertains to legal matters, personnel, and/or private pro	perty issues, the	City of Cold Lake reserv	ves the right not to
We acknowledge that only the above m	natter will be discussed during the delegation.	FOR INTE	RNAL USE ONLY	12.
Signed Less Fellow	Date February 28, 2019	Request A	pproved by	
Signed	Date	Date Appl	roved for MARCH	12/19
Return completed application to the C	City of Cold Lake	cc:		
5513-48 Avenue, Cold Lake, AB T9M 1A1 Phone: (780) 594-4494 Ext. 7967		□ Other		
Fax: (780) 594-3480				

Form 11-00-06

Email: creimer@coldlake.com

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