

Delegation Application

To: The Office of the Chief Adn _{/We,} City of Cold Lake	ninistrative Officer 780-594-4494 I/We,		
(Name)	(Telephone Number) nue, Cold Lake, Alberta ,T9M 1J1	(Name)	(Telephone Number)
E-mail Address <u>city@</u> coldlake.			12 C
	n before Cold Lake City Council at a meeting to be hel	ld on October 8	, ₂₀ 19 .
	eral delegations, please indicate an alternate date or		
The purpose of the delegation is	to present the following: (see reverse for requirements)		
A copy of all information regard	ling the topic must accompany the application.		
The City of Cold Lake requests	s time with the Cold Lake Communities in Bloom C	Committee to congra	tulate them on their achievemen
of a 5-bloom rating, as well as	s an honourable mention for the City's flower bas	sket program.	
* Where the subject matter of a dele hear such delegations.	egation pertains to legal matters, personnel, and/or private	e property issues, the Cit	y of Cold Lake reserves the right not to
	above matter will be discussed during the delegation.	FOR INTERN	AL USE ONLY
Signed 1MH	Date	Request App	proved by
Signed	Date		ved for
Return completed application to the City of Cold Lake 5513-48 Avenue, Cold Lake, AB T9M 1A1 Phone: (780) 594-4494 Ext. 7967		cc:	de la ministra di la contra della
		□ Other	
Fax: (780) 594-3480 Email: creimer@coldlake.com Form 11-00-06	Information on this form is collected for the sole use Information and Protection of Privacy Act, Sec. 33	of the City of Cold Lake and is (c) which regulates the collect	s protected under the authority of the Freedom ion, use and disclosure of personal information.