	City of Cold Lake	Delega	tion Application
To: The Office of the Chief Administrat	ive Officer		
INVe, LINDA DUNN	780-573-8047 INVe, CH	HRIS HOLDBOFF	780-207-1152
(Name)	(Telephone Number)	(Name)	(Telephone Number)
Mailing Address P.O. Box 810	, Cold Lake, AB TA	im IP2	
E-mail Address 1indung tell			
request to appear as a delegation before		be held on OCTOBER	2 ZZ, 20 <u>19</u> .
*Please Note: In the event of several dele	gations, please indicate an alternate da	te or you will be assigned to th	e next available meeting.
The purpose of the delegation is to prese	nt the following: (see reverse for requirements)		
• A copy of all information regarding the to	opic must accompany the application.		
Annual delegate	on to council to	report on Mu	Series Moraless
discuss needs & ap	ply for funding. consist of a she		
a verbal report g	handonts (fina	ncials, etc)	
	1 01 0 0 1 D U V V		
* Where the subject matter of a delegation pe hear such delegations.	ertains to legal matters, personnel, and/or p		
I/We acknowledge that only the above matter will be discussed during the delegation.		Contraction of the Contraction o	NAM
Signed hindulphan Date Sept 23/19		Request Approv	red by
Signed	Date	Date Approved	for OCT. 22/19
Return completed application to the City of Cold Lake		cc:	
5513-48 Avenue, Cold Lake, AB T9M 1A1 Phone: (780) 594-4494 Ext. 7967		🗆 Other	
Fax: (780) 594-3480	Information on this form is collected for the so	ole use of the City of Cold Lake and is pro	tected under the authority of the Freedom of
Email: creimer@coldlake.com	Information on this form is collected for the so		

Form 11-00-06

Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.