

Delegation Application

COLD LAKE AMBULANCE SOCIETY

To: The Office of the Chief Administrative Officer

I/We, MURRAY GAUTHIER 780-207-7229 I/We, JOE GRAY (OPERATION MANAGER)

(Name) (Telephone Number) (Name) (Telephone Number)

Mailing Address 310 12ST COLD LAKE T9M 1A8

E-mail Address MURRAY.GAUTHIER99@OUTLOOK.COM

request to appear as a delegation before Cold Lake City Council at a meeting to be held on 26 NOV, 2019 at 6:00 p.m.

*Please Note: In the event of several delegations, please indicate an alternate date or you will be assigned to the next available meeting.

The purpose of the delegation is to present the following: (see reverse for requirements)

• A copy of all information regarding the topic must accompany the application.

WE ARE REQUEST TO PRESENT AN APPLICATION FOR A
DONATION TO CLAS FOR THE PURCHASE OF ELECTRIC STRETCHERS
FOR OUR FLEET OF AMBULANCES.
ATTACHED W/ PRESENTATION.

* Where the subject matter of a delegation pertains to legal matters, personnel, and/or private property issues, the City of Cold Lake reserves the right not to hear such delegations.

I/We acknowledge that only the above matter will be discussed during the delegation.

Signed [Signature] Date 19 NOV 19

Signed [Signature] Date 19 NOV 19.

Return completed application to the City of Cold Lake
5513-48 Avenue, Cold Lake, AB T9M 1A1
Phone: (780) 594-4494 Ext. 7967
Fax: (780) 594-3480
Email: creimer@coldlake.com

RECEIVED

NOV 19 2019

CITY of COLD LAKE

FOR INTERNAL USE ONLY
Request Approved by <u>[Signature]</u>
Date Approved for <u>NOV. 26/19</u>
cc: _____
<input type="checkbox"/> Other