City of Cold Lake

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Delegation Application

To: The Office of the Chief Administrative Officer		
INVe, TAMMY HAWCO 780-201-4658 INVe,		
(Name) (Telephone Number) (Name) (Nam	ame) (Telephone Number)	
E-mail Address willow 2011@ hotmail.ca		
request to appear as a delegation before Cold Lake City Council at a meeting to be held on _	Nov 26. , 2019.	
*Please Note: In the event of several delegations, please indicate an alternate date or you will	Il be assigned to the next available meeting.	
The purpose of the delegation is to present the following: (see reverse for requirements)	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
 A copy of all information regarding the topic must accompany the application. 		
- REQUEST FOR AN OFF LEASH DOG PARK.		
* Where the subject matter of a delegation pertains to legal matters, personnel, and/or private prope	rty 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.	FOR INTERNAL USE ONLY	
Signed netawa Date Nov. 19/19	Request Approved by	
Signed Date	Date Approved for NOV. 26/19	
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 and Protection of Privacy Act, Sec. 33 (c) which	Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.	
Form 11-00-06		