

Cold Lake

Delegation Application

To: The Office of the Chief Admin				
I/We, Wicked Watersport Rentals I	nc. /80-545-0938 I/We,			
(Name)	(Telephone Number)	(Name)	(Telephone Number)	
Mailing Address 609 Beach Avenu	e, Cold Lake, Alberta, T9M 1G5			
E-mail Address cowell@telus.net				
request to appear as a delegation be	efore Cold Lake City Council at a meeting to b	e held on	ANUARY 14	, 20 <u>20</u> .
*Please Note: In the event of severa	l delegations, please indicate an alternate dat	e or you will be assigned	to the next available r	neeting.
The purpose of the delegation is to p	present the following: (see reverse for requirements)		, *	
A copy of all information regarding	the topic must accompany the application.			
See Attached				
li li				
* Where the subject matter of a delegat	ion pertains to legal matters, personnel, and/or p	rivate property issues the (City of Cold Lake reserve	s the right not to
hear such delegations.	ion pertums to regar matters, personner, una, or p	rivate property issues, the t	erty of cold take reserve	o the right hot to
I/We acknowledge that only the above matter will be discussed during the delegation.			FOR INTERNAL USE ONLY	
Signed R. Ca WP 1	Date 2 JAN 2020.		pproved by	
Signed	Date	Date Appi	oved for Jan. 14, w	320 -
Return completed application to the City of Cold Lake			cc:	
5513-48 Avenue, Cold Lake, AB T9M 1A1			□ Other	
Phone: (780) 594-4494 Ext. 7967				
Fax: (780) 594-3480				

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

Email: creimer@coldlake.com