

Cold Lake

Delegation Application

To: The Office of the Chief Admi					
I/We, Wicked Watersport Rentals	inc. /80-545-0938				
(Name)	(Telephone Number)	(Name)	(Telephone Number)		
Mailing Address 609 Beach Aver	ue, Cold Lake, Alberta, T9M 1G5				
E-mail Address cowell@telus.ne	t				
request to appear as a delegation	pefore Cold Lake City Council at a meeting to be	e held on	ANUARY 14	, 20 <u>20</u> .	
*Please Note: In the event of sever	ral delegations, please indicate an alternate date	or you will be assigned	d to the next available r	neeting.	
The purpose of the delegation is to	present the following: (see reverse for requirements)		<i>y</i> *		
A copy of all information regarding	g the topic must accompany the application.				
See Altached					
Jee Historice				-	
'			*		
* Where the subject matter of a deleg	ation pertains to legal matters, personnel, and/or pr	ivate property issues, the	City of Cold Lake reserve	s 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 R. Cowell	Date 2 JAN 2020.	Request A	Approved by		
Signed	Date	Date App	proved 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					

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Form 11-00-06

Email: creimer@coldlake.com