



City of
Cold Lake

Delegation Application

To: The Office of the Chief Administrative Officer

I/We, Diane Stonehocker 780-812-5532

(Name)

(Telephone Number)

I/We, Cathy Aust

(Name)

780-594-4495

(Telephone Number)

Mailing Address _____

E-mail Address info@agefriendlycoldlake.ca

request to appear as a delegation before Cold Lake City Council at a meeting to be held on Aug 11, 2020

*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.

I will provide a copy of my presentation and all related materials no later than 1 week prior to the delegation.

Age Friendly Cold Lake Comprehensive Action Plan 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 Diane Stonehocker Date May 28/20

Signed Cathy Aust Date May 28/2020

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

Form 11-00-06

FOR INTERNAL USE ONLY

Request Approved by JMF

Date Approved for AUGUST 11/20

cc: _____

☐ Other

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