

Delegation Application

To: The Office of the Chief Administrative Officer	
_{I/We,} Diane Stonehocker 780-812-5532 _{I/We,} Cathy Aust	587-201-0974
(Name) (Telephone Number) (Name) Mailing Address Age Friendly Cold Lake, #5, 5510-56 Street, Cold Lake, Ab. T	
E-mail Address info@agefriendlycoldlake.ca	-
request to appear as a delegation before Cold Lake City Council at a meeting to be held on \underline{Nc}	ovember 23 , ₂₀ 21
*Please Note: In the event of several delegations, please indicate an alternate date or you will b	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 will be providing updated information regarding Council's May 25 resol	ution (CRM20210525.1016) to
consider funding Age Friendly Cold Lake and transfer of the Meals on Whe	els program.
Materials to be provided at least a week in advance for distribution prior to	the meetng
	·
· · · · · · · · · · · · · · · · · · ·	
* Where the subject matter of a delegation pertains to legal matters, personnel, and/or private property hear such delegations.	r issues, the City of Cold Lake reserves the right not to
I/We acknowledge that only the above matter will be discussed during the delegation.	FOR INTERNAL USE ONLY
Signed Dike Stonikalia Date Appl 28/21	Request Approved by
	Den alle alle and added
Signed Castly of Date Apr 28/21	Date Approved for NOVEMBER 23/2)
Signed Cashy Gust Date Apr 28/21 Return completed application to the City of Cold Lake	cc:
Return completed application to the City of Cold Lake 5513-48 Avenue, Cold Lake, AB T9M 1A1	
Return completed application to the City of Cold Lake 5513-48 Avenue, Cold Lake, AB T9M 1A1 Phone: (780) 594-4494 Ext. 7967	cc:
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	cc: