



City of
Cold Lake

Delegation Application

To: The Office of the Chief Administrative Officer

I/We, Dawn Weber 780-201-3079 I/We, (Bonnyville Health Foundation)
(Name) (Telephone Number) (Name) (Telephone Number)

Mailing Address 5001 Lakeshore Drive, Bonnyville, AB T9N 0G8

E-mail Address admin@bonnyvillehealthfoundation.org

request to appear as a delegation before Cold Lake City Council at a meeting to be held on January 24, 2023.

*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.

-Letter of Request

-Sponsorship Package- A Night in the Emerald City -Bonnyville Hospital Gala

-Additional information handout will be provided at meeting

* 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 Dawn Weber Date Jan 18/23

Signed _____ Date _____

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 JAN. 27/23

cc: _____

☐ Other

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