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Form 11-00-06

Cold Lake

Delegation Application

To: The Office of the Chief Administrative Officer 813 0713	
(Name) (Telephone Number)	(Telephone Number)
Mailing Address 180 x 50 16 18 19 19 19 19 19 19 19 19 19 19 19 19 19	200
E-mail Address KAYLEE HALL WA CHS & GMAIL. CO.	<u>m</u> / 0,0200
request to appear as a delegation before Cold Lake City Council at a meeting to be held on	A(03 0 30 3 , 20
*Please Note: In the event of several delegations, please indicate an alternate date or you w	ill 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.	Hing Forgo
* Where the subject matter of a delegation pertains to legal matters, personnel, and/or private prophear such delegations. I/We acknowledge that only the above matter will be discussed during the delegation. 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 Information on this form is collected for the sole use of the	FOR INTERNAL USE ONLY Request Approved by MA- Date Approved for AUG. 8 23 cc: Other
Email: creimer@coldlake.com Information on this form is collected for the sole use of the Information and Protection of Privacy Act, Sec. 33 (c) white	cay of Cold Lake and is protected under the authority of the Freedom of ch regulates the collection, use and disclosure of personal information.