



City of
Cold Lake

Delegation Application

To: The Office of the Chief Administrative Officer

I/We, Lisa Murphy 7805949905 I/We, _____
(Name) (Telephone Number) (Name) (Telephone Number)

Mailing Address PO Box 479, Cold Lake, T9M1P1

E-mail Address lmurphy@lcfasd.com

request to appear as a delegation before Cold Lake City Council at a meeting to be held on September 12, 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.

Presentation about Lakeland Centre for FASD's work in the community

* 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 L Murphy Date September 5, 2023

Signed _____

Date _____ **Return completed application to the**

City of Cold Lake

5500-18 Avenue, Cold Lake, AB T9M 1A1

Fax: (780) 594-3480

Email: creimer@coldlake.com

Form 11-00-06

FOR INTERNAL USE ONLY

Request Approved by JM

Date Approved for SEPT. 12/23

cc: _____

☐ Other

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