



# Delegation Application

**To: The Office of the Chief Administrative Officer**

I/We, Mary Sara Bobichaux 780-815-1425 I/We, \_\_\_\_\_  
(Name) (Telephone Number) (Name) (Telephone Number)

Mailing Address P.O. Box 368 Ardmore AB T0A0B0

E-mail Address sara.bobi15@gmail.com

request to appear as a delegation before Cold Lake City Council at a meeting to be held on January 23, 2024

\*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.

Safe Baby Haven Box: What is the use of the Box, Reason for the Box, how safe the Box is, where the Boxes are normally located and the benefits of having them

\* 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 Mary Sara Bobichaux Date January 23, 2024

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 [Signature]

Date Approved for JANUARY 23/24

cc: \_\_\_\_\_

Other