



City of
Cold Lake

Delegation Application

To: The Office of the Chief Administrative Officer

I/We, Melody Littell 780-210-1141 I/We, _____
(Name) (Telephone Number) (Name) (Telephone Number)

Mailing Address Eastern Alberta Victim Serving Sociey Box 1576 St. Paul Ab T0A 3A1

E-mail Address melody.littell@earvss.ca

request to appear as a delegation before Cold Lake City Council at a meeting to be held on April 8, 2025.

*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.

To update council on the continued provision of victim service support to the Cold Lake area and answer questions

council may have. I would like to bring the Assistant Director of Operations, Shyan Hrynyk and the local court and client support navigators, Stephanie Castonguay and Helena Lamoureux

* 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 Melody Littell Date _____

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 APR. 8/25

cc: _____

☐ Other

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