

Cold Lake

Delegation Application

To: The Office of the Chief Admi	nistrative Officer		
I/We, Metrix Group LLP	780-489-9605 I/We, Jeff A	Alliston	
(Name)	(Telephone Number)	(Name)	(Telephone Number)
Mailing Address 12840 St. Albert	Trail Edmonton, AB T5L 4H6		
E-mail Address jalliston@metrix	group.ca		
request to appear as a delegation	before Cold Lake City Council at a meeting to b	e held onApril 22	, 20 <mark>25</mark> .
*Please Note: In the event of seve	ral delegations, please indicate an alternate date	e or you will be assigned to t	the next available meeting.
The purpose of the delegation is to	present the following: (see reverse for requirements)		
A copy of all information regarding	ng the topic must accompany the application.		
City of Cold Lake Financial Sta	atement Year Ending December 31, 2024		
and the second s			
* Where the subject matter of a delea	ation pertains to legal matters, personnel, and/or pr	rivate property issues the City of	of Cold Lake reserves the right not to
hear such delegations.	ation pertains to regar matters, personner, and, or pr	rvate property issues, the city (of cold take reserves the right hot to
/We acknowledge that only the above matter will be discussed during the delegation.		on. FOR INTERNAL	L USE ONLY
Signed	Date April 10, 2025	Request Appro	oved by
Signed	Date	Date Approved	d for APRIL 22, 2025
Return completed application to		cc:	
5513-48 Avenue, Cold Lake, AB T9M	1A1	□ Other	
Phone: (780) 594-4494 Ext. 7967 Fax: (780) 594-3480			

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.

Email: creimer@coldlake.com