

## DELEGATION APPLICATION

*Personal information is collected by the Municipality of North Cowichan under the authority of s.26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of processing delegation requests. Should you have any questions about the collection of this personal information, please contact the Deputy Director of Corporate Services, (250) 746-3100; 7030 Trans Canada Highway, Duncan, BC V9L 6A1.*

I/We \_\_\_\_\_  
 (name[s])

\_\_\_\_\_  
 (address)

request to appear as a delegation before:

- |                                       |  |
|---------------------------------------|--|
| Agricultural Advisory Committee       | Forestry Advisory Committee              |
| Chemainus Advisory Committee          | Parks and Recreation Advisory Committee  |
| Community Planning Advisory Committee | Protective Services Committee            |
| Council                               | Public Works Committee                   |
| Environmental Advisory Committee      | Sports Wall of Fame Nomination Committee |

Please provide a brief overview of your presentation, below, and attach a one-page (maximum) outline of your presentation.  
**Please be specific.**

Will you be requesting a grant or financial assistance?      Yes      No

Do you require audio/video equipment?      Yes (please specify requirements below)      No

Audio visual equipment required:

\_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (date)

\_\_\_\_\_  
 (telephone)

\_\_\_\_\_  
 (email)

**Council and Committees welcome public comments, but as a courtesy to Council and Committees who deal with lengthy agendas, we request that you present your information clearly and concisely in ten minutes or less. All delegation applications along with supporting documentation and a copy of your presentation must be submitted to [ginny.gemmell@northcowichan.ca](mailto:ginny.gemmell@northcowichan.ca) at least one week before the meeting is held. If the delegation consists of more than one person, please appoint one person to speak on behalf of your group.**

<b><u>For Internal use only</u></b>	
Funding request (if any) reviewed by Director of Financial Services	Yes
Request approved (date)	Date of Meeting