REQUEST TO APPEAR AS A DELEGATION

| Please be advised that: | Sector and the sector of the |
|---|--|
| 1. Committee and board meeting schedules are available at www.comox | valleyrd.ca or by calling 250-334-6000. |
| Delegations are scheduled at the beginning of meetings. | |
| 2. Delegation applications must be received at least one week prior to the | |
| 3. Maximum presentation time is 10 minutes, unless previously approved | |
| 4. Presenters are to address the board or committee, and not the audient | ce. |
| 5. Please ensure that your cell phone is turned OFF during the meeting. | |
| 6. Presentation materials are to be submitted to the legislative services de | epartment a minimum of one day before the |
| meeting date. 7. Applications to appear as a delegation must complete this form and end | |
| Applications to appear as a delegation must complete this form and er mail to 600 Comox Road, Courtenay, B.C., V9N 3P6 or drop off in p | mail it to <u>administration@comoxvalleyrd.ca;</u> |
| mail to bob comox Road, Courtenay, D.C., V 910 510 of drop off in p | erson at 000 Comox Road, Courtenay, B.C. |
| The personal information contained on this form is collected under the authority of the | |
| Local Government Act and Comox Valley Regional District (CVRD) bylaws. The information | |
| will be published in meeting agendas and minutes and posted online with the exception box. For enquiries about the use of information on this form please contact the corpor | |
| BC or at 250-334-6000 or email at <u>administration@comoxyalleyrd.ca</u> . | are legislative officer at 600 Comox Road, Courtenay, |
| 0 | |
| Name(s) of person(s) speaking: | ALKER |
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| | |
| Organization you are representing: | |
| Briman propose of the even institute | Number of |
| Primary purpose of the organization: | Number of members: |
| | members: |
| Mailing address: 4171 BRIAR PALE | |
| City: COURTENAY | Postal code: |
| Contact Name: | File: 550-04 |
| 21 Jacob I. D. | and we are seen |
| Subject matter: <u>SL Clevelopments</u> Kive | erwood JUL 172018 |
| | |
| Specific request of the regional district, if any (i.e., letter of support, fund | ing): To: J Warren |
| specific request of the regional distitct, if any (i.e., letter of support, fund | |
| | CC: |
| | |
| | |
| THE 24/201 | 0 11 |
| Requested meeting date: | 3 4 pm |
| Audio-visual equipment required: | |
| | |
| Date of Application: JULY 17 | |
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| | |
| Information for contact purposes o | nly |
| | |
| Tel: Email: | |
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| The set of the set | |
| Service this delegation applies to: | |
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| Cc delegation application to: | |