

REQUEST TO APPEAR AS A DELEGATION

Please be advised that:

1. Committee and board meeting schedules are available at www.comoxvalleyrd.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 requested meeting date.
3. Maximum presentation time is 10 minutes, unless previously approved.
4. Presenters are to address the board or committee, and not the audience.
5. Please ensure that your cell phone is turned OFF during the meeting.
6. Presentation materials are to be submitted to the legislative services department a minimum of one day before the meeting date.
7. Applications to appear as a delegation must complete this form and email it to administration@comoxvalleyrd.ca; mail to 600 Comox Road, Courtenay, B.C., V9N 3P6 or drop off in person at 600 Comox Road, Courtenay, B.C.

The personal information contained on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, the *Local Government Act* and *Comox Valley Regional District (CVRD)* bylaws. The information provided will become a matter of public record and will be published in meeting agendas and minutes and posted online with the exception the information provided in the contact purposes only box. For enquiries about the use of information on this form please contact the corporate legislative officer at 600 Comox Road, Courtenay, BC or at 250-334-6000 or email at administration@comoxvalleyrd.ca.

Name(s) of person(s) speaking: Letitia Wilson

Organization you are representing: none

Primary purpose of the organization: _____ Number of members: _____

Mailing address: 2059 Austin Rd

City: Comox BC Postal code: V9N 3Z4

Comox Valley Regional District
RECEIVED

Contact Name: _____ File: _____

Subject matter: 3L Developements proposal JUL 17 2018

Specific request of the regional district, if any (i.e., letter of support, funding): _____ To: J Warren

Requested meeting date: JULY 24/2018 4 pm

Audio-visual equipment required: _____

Date of Application: _____

Information for contact purposes only	
Tel: _____	Email: _____

Internal Use Only	
Service this delegation applies to: _____	
Committee delegation to go to: _____	
Cc delegation application to: _____	