

## DELEGATION REQUEST

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**Name(s) of person(s) speaking:** Twila Skinner

### **Organization Information**

**Organization you are representing:** Comox Valley Farmers' Market

**Primary purpose of the organization:** Farmers Market

**Number of members:** 100

**Contact name:** Twila Skinner

### **Meeting Details**

#### **Subject matter:**

Discuss possibilities for bus loop to Exhibition Grounds and location options for farmers' market

**Specific request of the regional district, if any (i.e. letter of support, funding):**

**Requested meeting date:** January 11, 2022