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TOWN OF LAKE COWICHAN
P. O. BOX 860
39 SOUTH SHORE ROAD
LAKE COWICHAN, BC
V0R 2G0

Request for Delegation Status

APPLICATION DATED:

NAME OF APPLICANT(S):

ADDRESS OF APPLICANT(S):

PHONE NUMBER:

REPRESENTING:

Name of Organization

MEETING DATE:

COMMITTEE/BOARD NAME:

No. ATTENDING:

TOPIC TO BE PRESENTED:

NATURE OF REQUEST/CONCERN:

Note: Once the request for delegation application has been favorably considered, presentations will be restricted to ten (10) minutes, unless notified otherwise.

E-Mail: admin@lakecowichan.ca

Authorized By: Chief Administrative Officer