



Town of Lake Cowichan
 39 South Shore Road
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 Lake Cowichan BC V0R 2G0
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Request for Delegation

Date		
Name		
Representing		
Address		
Phone number		
Email		
Number Attending		
Topic to be discussed:		
Note: Delegations are allotted 10 minutes		
OFFICE USE ONLY		
Meeting		Date
<input type="checkbox"/> Regular Council		
<input type="checkbox"/> Public Works and Environmental Services		
<input type="checkbox"/> Parks and Recreation		
<input type="checkbox"/> Finance and Administration		

 Chief Administrative Officer

 Date