

7030 Trans-Canada Highway Telephone: (250) 746-3100 Fax: (250) 746-3133

www.northcowichan.ca

DELEGATION APPLICATION Virtual or In-Person

Personal information is collected by the Municipality of North Cowichan under the authority of s.26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of processing delegation requests. Should you have any questions about the collection of this personal information, please contact Information Management Officer, (250 746-3116; 7030 Trans-Canada Highway, Duncan, BC V9L 6A1.

Date:				
Name of Applicant:		On behalf of:		
Address:				
Email:		Phone:		
I/We request to appear as a d	lelegation before:			
Council	Committee of the Whole	Other		
Please provide the purpose for your presentation (if more roo		ef overview, below, <u>and attach a one-page (</u> cific.	maximum)	outline of
Will you be requesting a grant or financial assistance?				No
Will you be providing supporting documents to include in the agenda package?				No
How will you be presenting?	PowerPoint	Video Verbal		
_	-	viding and hereby grant the Corporation of		
the District of North Cowichan (Municipality) the irrevocable right and license to use, edit, alter, copy and distribute all materials provided as the Municipality sees fit in its absolute discretion, and that I				No
		rom all identifiable individuals appearing in	Yes	NO
these materials for such use.				
I confirm that I want to partic	·	Virtually		
If participating virtually, I confirm that I have tested my ability to participate in a Webex meeting:			Yes	No
I would like a member of the North Cowichan IT team to connect with me to confirm my configuration:				No
		eting at this site: https://www.webex.com/test-m	eeting.html	ļ.
		r webcam, speakers, and microphone: Microphone-in-Webex-Meetings		
•		who deal with lengthy agendas, we request that egation consists of more than one person, please		-
speak on behalf of your group.	in ten minutes of less. If the def	egation consists of more trial one person, please	арропп оп	c person to
For Internal use only				

☐ Yes

Date of Meeting _____

Funding request (if any) reviewed by Director Financial Services

Request approved (date)