

DELEGATION APPLICATION Virtual or In-Person

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| Date: | | | | | | |
|--|---|---------------------|-------------------------------|-------------------|-------------|--|
| Name of Applicant: | | On behalf of: | On behalf of: | | | |
| Address: | | | | | | |
| Email: | | Phone: | Phone: | | | |
| I/We request to appear as a del | legation before: | | | | | |
| Council | Committee of the Whole | Other | | | | |
| Please provide the purpose for your presentation (if more roon | | | and attach a one-page (ma | aximum) | outline of | |
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| | | | | | | |
| Will you be requesting a grant | or financial assistance? | | | Yes | No | |
| Will you be providing supporting documents to include in the agenda package? | | | | Yes | No | |
| How will you be presenting? | PowerPoint | Video | Verbal | | | |
| I affirm that I/we own the right | s to the media I/we are providi | ng and hereby g | rant the Corporation of | | | |
| the District of North Cowichan | | 0 | | Maa | NL | |
| and distribute all materials prov have obtained appropriate pers | | | | Yes | No | |
| these materials for such use. | | | | | | |
| I confirm that I want to particip | ate: In-Person | 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: | | | | Yes | No | |
| To test your ability to participate in Once you join the test meeting, use https://help.webex.com/en-us/bz | e these instructions to test your we | ebcam, speakers, a | nd microphone: | <u>:ting.html</u> | | |
| https://https://doc.com/en/ds/bz | geory reservoir opeaker and whe | | ex meetings | | | |
| Council welcomes public comment | - | - | | | - | |
| information clearly and concisely in speak on behalf of your group. | n ten minutes or less. If the delega | ition consists of m | ore than one person, please a | ppoint on | e person to | |

 For Internal use only

 Funding request (if any) reviewed by Director Financial Services

 □ Yes

 Request approved (date) ______
 Date of Meeting ______