

**Cowichan Valley Regional District
Administrative Services Department
Request for Delegations**

APPLICATION DATED: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NO.: _____

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 favourable considered, presentations will be restricted to ten (10) minutes, unless notified otherwise.