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CENTRAL COAST REGIONAL DISTRICT

MAR 05 2015

BYLAW NO. 423  
SCHEDULE "C"

Central Coast Regional District

DELEGATION to BOARD REQUEST FORM

Date of Application: March 5/15 Board Meeting Date March 12/15

Name of person or group wishing to appear before the Board of Directors: \_\_\_\_\_

Cst Edward Wells RCMP

Address: Bella Coola

Number of people attending: 1 Spokesperson Name: above

Subject of presentation: Engage with CCRD for purpose  
of making Bella Coola Valley a safer  
Community.

Purpose of presentation:  information only  
 requesting a letter of support  
 Other (provide details) \_\_\_\_\_

Contact person (if different than above): \_\_\_\_\_

Daytime telephone number: 250 - 799 - 5363.

Email address: \_\_\_\_\_

Will you be providing supporting documentation?  yes  no

If yes:  handouts at meeting (recommend delivered in advance)  
 PowerPoint presentation  
 publication in agenda (one original due by 4:00 pm seven days prior to your  
appearance date)  
 Other (explain) \_\_\_\_\_

\* Delegations will have a maximum of 15 minutes to make their presentation to the Board.

Board Meeting

MAR 12 2015

CCRD ITEM 1(a)