

LH



1229 Esquimalt Road
Esquimalt BC V9A 3P1
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FAX: 250-414-7111
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PRESENTATION

APPLICATION TO MAKE A PRESENTATION TO COUNCIL

A maximum of 2 Presentations may be scheduled for a Council meeting, each limited to **10 minutes**. (See back for excerpt of Council Procedure Bylaw)

Please submit the completed application **by Noon on Wednesday prior to the preferred Council meeting by:** (1) email to corporate.services@esquimalt.ca, (2) mail or hand deliver to Municipal Hall, address above, or (3) fax to 250-414-7111. For further information, contact the Corporate Officer at 250-414-7135 or corporate.services@esquimalt.ca.

Name(s) and Title(s) of Presenter(s): David Roberts (Attractions Victoria Business
Development Coordinator) _____

Name of Organization: Attractions Victoria _____

Daytime Phone No. _____ Email: david@attractionsvictoria.com _____

Preferred Date of Presentation to Council: Sept. 14, 2015
(Staff will email or telephone to confirm the meeting date once it is scheduled.)

Nature/Subject of Presentation: Funding request for Destination Map Advertising

SEPT 04, 2015
Date of Application

[Signature]
Signature of Applicant

PowerPoint presentation? ☐ YES ☒ NO
If YES, please email your PowerPoint presentation to corporate.services@esquimalt.ca **by Noon on the Friday prior to the Council meeting.**

Handouts for Council? ☒ YES ☐ NO
If YES, please bring 10 copies to give to the Recording Secretary prior to the start of the Council meeting at 7:00 p.m.

Date Received:

FOR OFFICE USE ONLY

Date Presented to Council:

CORPORATION OF THE TOWNSHIP OF ESQUIMALT		
For Information:		
<input type="checkbox"/> CAO	<input type="checkbox"/> Mayor/Council	
<input type="checkbox"/> _____		
RECEIVED: SEP 04 2015		
Referred: <u>Anja</u>		
<input type="checkbox"/> For Action	<input type="checkbox"/> For Response	<input type="checkbox"/> COTW
<input type="checkbox"/> For Report	<input checked="" type="checkbox"/> Council Agenda	<input type="checkbox"/> IC

APPLICANT CONTACTED ☒ sep 04 2015 - email
PRESENTATION RECEIVED ☐
DATE: _____
INITIALS: ED