



1229 Esquimalt Road
Esquimalt BC V9A 3P1
PHONE: 250-414-7100
FAX: 250-414-7111
www.esquimalt.ca

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): Katrina Dwulit

Organization (if applicable): Esquimalt Farmers Market

Daytime Phone No.: 250-896-7917 Email: manager@esquimaltmarket.com

Preferred Date of Council meeting: Any date except September 8 (I'm away 7-12) Sep 14
(Staff will telephone or email to confirm the meeting date once it is scheduled.)

Nature/Subject of Presentation: To present to Mayor and Council
the challenges and success plus lessons learned in COVID times.

August 10, 2020

Katrina Dwulit

Date of Application

Signature

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. Please note presentation are required to be 20 slides or less.

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.

CORPORATION OF THE TOWNSHIP OF ESQUIMALT	
For Information:	
<input type="checkbox"/> CAO	<input type="checkbox"/> Mayor/Council
RECEIVED: AUG 31 2020	
Referred: <u>Rachel</u>	
<input type="checkbox"/> For Action	<input type="checkbox"/> For Response
<input type="checkbox"/> For Report	<input checked="" type="checkbox"/> Council Agenda
<input type="checkbox"/> COTW	<input type="checkbox"/> IC

FOR OFFICE USE ONLY

Date Presented to Council:

APPLICANT
CONTACTED ☐

PRESENTATION
RECEIVED ☐

DATE: _____

INITIALS: _____