



## Hamilton Police Services Board Deputation Request Form

(Request to appear before the Police Services Board)

**PLEASE NOTE: The information on this form will be published on a public agenda and therefore released to the public and media.**

Your Name: \_\_\_\_\_

Firm / Organization: \_\_\_\_\_  
(if applicable)

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Details of Deputation to be discussed including a **summary** and the **objective(s)** of your deputation:

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Will you be providing a presentation?      Yes      ☐ No

Have discussions or correspondence taken place with a member of the Hamilton Police Services Board or the Administrator? If so, with whom and when?

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Please submit the completed form either in person, via fax or e-mail to:

Administrator  
Hamilton Police Services Board  
155 King William Street  
P.O. Box 1060, LCD1  
Hamilton, ON  
L8N 4C1

Fax: 905-546-4720

E-Mail: [kirsten.stevenson@hamilton.ca](mailto:kirsten.stevenson@hamilton.ca)