



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:

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?

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