

Hamilton Police Services Board Delegation Request Form

(Request to appear before the Police Services Board)

Please note your personal information will be redacted/removed prior to this form being placed on the Board's website and agenda for public viewing.

Your Name:			
E-mail Address:			
Home Phone:			
Mailing Address:			
(If applicable) Firm/Organization:			
Work Phone:			
Work Address:			
Details of delegation, inc	cluding a summary a	and the objective(s	s) of your delegation:
Will you be providing a p	resentation?	Yes	No
Have discussions or cor Services Board or the A			per of the Hamilton Police mand when?
Please submit the compl	eted form by mail or	e-mail to:	
Kirsten Stevenson, Adm Hamilton Police Services 155 King William Street Hamilton, ON L8R 1A7	s Board		
kirsten.stevenson@ham	ilton.ca		