

## 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, including a <b>summary</b> and the <b>objective(s)</b> of your delegation:			
Will you be providing a presen	ntation?	Yes	No
Have discussions or correspo Services Board or the Adminis			
Please submit the completed f	orm by mail or	e-mail to:	
Kirsten Stevenson, Administra Hamilton Police Services Boar 155 King William Street Hamilton, ON L8R 1A7			
kirsten.stevenson@hamilton.c	a		