

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	eluding a summar y	y and the obje	ective(s) of your	delegation:
Will you be providing a բ	oresentation?	Yes	No	
Have discussions or cor Services Board or the A				
Please submit the comp	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			