

## 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.

Tour Name.				
E-mail Address:				
Home Phone:				
Mailing Address:				
(If applicable) Firm/Organization:				
Work Phone:				
Work Address:				
Details of delegation, inc	uding a <b>summary</b>	and the <b>obje</b>	<b>ctive(s)</b> of your delegati	on:
Will you be providing a p	resentation?	Yes	No	
Have discussions or corr Services Board or the Ad				n Police
Please submit the comple	eted form by mail or	r e-mail to:		
Kirsten Stevenson, Admi Hamilton Police Services 155 King William Street Hamilton, ON L8R 1A7				
kirsten.stevenson@hami	Iton.ca			