**IForm:** Request to Speak to Committee of Council

Wednesday, August 19, 2015 - 11:27am

**Committee:** General Issues Committee

Name of Sub-Committee:

Name of Individual: Jeff Wolfenden, President & Founder

Name of Organization: Hamilton Young Stroke Survivors (HYSS)

**Contact Number:** 

**Email Address:** 

**Mailing Address:** 

## Reason(s) for delegation request:

To provide new information respecting the need for Disability Identification.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No