

Form: Request to Speak to Committee of Council

Wednesday, September 16, 2015

Committee: Board of Health

Name of Sub-Committee:

Name of Individual: Denise Arkell

Name of Organization: Neighbour to Neighbour Centre

Contact Number: 905-574-1334 x 201

Email Address: darkell@n2ncentre.com

Mailing Address: 28 Athens St, Hamilton, ON, L9C 3K9

Reason(s) for delegation request: To support recommendations in report titled 'Neighbour to Neighbour Community Food Centre BOH15030' going forward at the September 21st meeting.

Will you be requesting funds from the City? Yes

Will you be submitting a formal presentation? Yes