

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

**Submitted on** Tuesday, August 9, 2016 - 1:19pm

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Clare Wagner

**Name of Organization:** Neighbour to Neighbour Centre

**Contact Number:** 905-574-1334 x 205

**Email Address:** cwagner@n2ncentre.com

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

**Reason(s) for delegation request:**

Congratulations and Support for Item 7.1 Food Strategy (Aug 11)

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** No