

Form: Request to Speak to Committee of Council
Submitted on Tuesday, October 18, 2016 - 6:12pm

==Committee Requested==

Committee: General Issues Committee

==Requestor Information==

Name of Individual: BRIAN SMILEY

Name of Organization: PATIENT ADVOCATE WHO WORKS WITH PATIENTS FROM "HOMES FOR SPECIAL CARE PROGRAM OPERATED OUT OF ST JOES WEST HOSPITAL

Contact Number:

Email Address:

Mailing Address:
Ontario

Reason(s) for delegation request: TO PRESENT CONCERNS AND ISSUES FROM A PATIENTS PERSPECTIVE REGARDING THE LRT . WHY THIS SYSTEM WILL NOT BE USER FRIENDLY FOR THE DISABLED, AGED, YOUNG MOTHERS WITH CHILDREN ETC.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes