

Form: Request to Speak to Committee of Council
Submitted on Tuesday, November 28, 2017 - 3:40pm

==Committee Requested==

Committee: Emergency & Community Services

==Requestor Information==

Name of Individual: Denise Christopherson and Medora Uppal

Name of Organization: YWCA Hamilton

Contact Number: _____

Email Address: _____

Mailing Address:

YWCA Hamilton

75 MacNab St S

Hamilton ON L8P 3C1

Reason(s) for delegation request: YWCA Hamilton's
Transitional Living Program

Will you be requesting funds from the City? Yes

Will you be submitting a formal presentation? Yes