

Form: Request to Speak to Committee of Council

Submitted on Wednesday, November 15, 2017 - 5:45 pm

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Tammy Burgess

Name of Organization: SIS

Contact Number: [REDACTED]

Email Address: [REDACTED]

[REDACTED]

Reason(s) for delegation request: To tell Brookelynn's story, with hopes of achieving Safe Injection Sites (SIS) in Hamilton.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes