

Form: [Request to Speak to Committee of Council](#)
Submitted on Tuesday, November 28, 2017 - 4:16pm

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Tim McClemon

Name of Organization: The AIDS Network

Contact Number:

Email

Mailing Address:

Reason(s) for delegation request: We want to support HamiltonPublic Health Service's presentation and the need for a supervised injection site in Hamilton.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No