



## Hamilton Police Services Board Deputation Request Form

(Request to appear before the Police Services Board)

**\*\*Please note\*\* - The information on this form will be published on a public agenda and therefore released to the public and media.**

Your Name: Sarah Warry-Poljanski

Firm / Organization:  
(if applicable) \_\_\_\_\_

E-mail Address: Sarahwpoljanski@gmail.com

Home Phone: 905 538 4793

Fax No.: \_\_\_\_\_

Business Phone: 905 923 3442

Mailing Address: 33 Welbourn Dr, Hamilton Ontario L9A 3N1

Details of Deputation to be discussed including a summary and the objective(s) of the presentation:

Discussion about safe injection sites, and the overall relationship  
between  
police and individuals identified as addicts in the city of Hamilton.

Will you require a LCD Projector:  Yes  No  
(Please note, you must bring your own computer)

Have discussions or correspondence taken place with a member of the Hamilton Police Services Board or the Administrator? If so, with whom and when?

N/A

Please submit the completed form either in person, via fax or e-mail to:

Administrator  
Hamilton Police Services Board  
155 King William Street  
P.O. Box 1060, LCD1  
Hamilton, ON  
L8N 4C1

Fax: 905-546-4720

E-Mail: [lois.morin@hamilton.ca](mailto:lois.morin@hamilton.ca)