## 6.10

Form: Request to Speak to Committee of Council Submitted on Wednesday, August 7, 2019 - 8:46 pm

==Committee Requested== Committee: Board of Health

==Requestor Information== Name of Individual: Maureen White

Name of Organization:

**Contact Number:** 

**Email Address:** 

Mailing Address:

**Reason(s) for delegation request:** To request the Board of Health to help our Parkview community and change the impact to our health caused by the increased noise, dust and air pollution from the major road way and heavy industrial.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No