



## 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: MIRLE (SHERAR) CHANDRASHEKAR

Firm / Organization:  
(if applicable) —

E-mail Address: —

Home Phone: —

Fax No.: —

Business Phone: —

Mailing Address: — HAMILTON

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

Reduction of Budget.

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\_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

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: [kirsten.stevenson@hamilton.ca](mailto:kirsten.stevenson@hamilton.ca)