

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: Mouna Bile
Firm / Organization: Hamilton Community Gal Clinic (if applicable)
E-mail Address: 51/cm 6/40. on · Ca
Home Phone:
Fax No.:
Business Phone: <u>905</u> 527 - 4672
Mailing Address:
Details of Deputation to be discussed including a summary and the objective(s) of the presentation: Our spal is to invite the folice Doard, elected officials and community members to stand with is tor an inclusive community free from Hate and all forms of discriminal Particularly to stand in salidarity with the LEBTO + community. Will you require a LCD Projector: Will you require a LCD Projector: (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

Fax:

Hamilton, ON L8N 4C1

905-546-4720

E-Mail: lois.morin@hamilton.ca