

## Request to Speak to Committee of Council

Submitted on Wednesday, March 24, 2021 - 6:42 pm

==Committee Requested==

**Committee:** General Issues Committee

==Requestor Information==

**Name of Individual:** Dr. Meghan Davis

**Name of Organization:** Crownpoint Family Health Centre

**Contact Number:** 9059626284

**Email Address:**

**Mailing Address:**

67 Kenilworth Avenue North  
lower level

**Reason(s) for delegation request:** I wish to present on the health impacts of city boundaries. I am a family physcian and an engineer.

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** No