

From: clerk@hamilton.ca
To: [Kolar, Loren](#)
Cc: [Mighty, Danielle](#)
Subject: FW: Form submission from: Request to Speak to Committee of Council Form
Date: Thursday, September 16, 2021 12:21:19 PM

-----Original Message-----

From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: Thursday, September 16, 2021 11:56 AM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Thursday, September 16, 2021 - 11:56am Submitted by anonymous user: 172.70.130.95 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==

Name of Individual: Tim McClemon
Name of Organization: The AIDS Network
Contact Number: 9055280854
Email Address: ed@aidsnetwork.ca
Mailing Address:
140 King Street East #101
Hamilton, ON
L8N 1B2
Reason(s) for delegation request: The AIDS Network has secured space for the City of Hamilton's second Consumption Treatment Services (CTS) site located in Ward 3. We are looking to fulfill the Ontario Ministry of Health application requirement of municipal council support.
Will you be requesting funds from the City? No
Will you be submitting a formal presentation? Yes

The results of this submission may be viewed at:
<https://www.hamilton.ca/node/286/submission/542126>