Submitted on Tue, 09/26/2023 - 11:01

Submitted by: Anonymous

Submitted values are:

## **Committee Requested**

Committee
General Issues Committee

Will you be delegating in-person or virtually? In-person

Will you be delegating via a pre-recorded video? No

## **Requestor Information**

Requestor Information
Rob MacIsaac
Hamilton Health Sciences
100 King St West - P.O. Box 2000
Hamilton, Ontario. L8N 3Z5
silvestro@hhsc.ca

Preferred Pronoun he/him

Reason(s) for delegation request Request for Delegation - November 15

Hamilton Hospital Redevelopment

Will you be requesting funds from the City? Yes

Will you be submitting a formal presentation? Yes