If your request is for a specific committee meeting, this form must be received by NOON the day before the scheduled committee meeting. Requests for Monday meetings must be received by Noon the Friday before the meeting. Requests for meetings scheduled for the day after a statutory holiday must be received the last business day by Noon.

Committee Requested	,
 ☐ Audit, Finance and Administration ☐ Board of Health ☐ Emergency & Community Services ☐ Advisory/Sub-Committee (enter name) 	General Issues Planning Public Works
Requestor Information	
Name: MIKE HNATUUR	
Name of Organization: UNITED STEE	ELWORKERS
Do you or your organization represent a lobbyist (volu	ntary) 🗆 Yes 🗹 No
Contact Number: 905-818-	2182
Email Address: <u>usu5328mikehnat</u>	juk@hotmail.com
Mailing Address: 1031 BARTON S	TEAST,
HAMILTON, ON L	-8L-3E3
Reason(s) for delegation request:ESTR	BILL ENFORCEMENT
	· · ·
	<u></u>
	· · · ·
Will you be submitting a formal presentation?	es 🗆 No

Requests to speak to Council are forwarded to the Committee for consideration. Once considered by Committee, and approved, you will be notified of the date for your presentation.

This form is not for the purpose of presenting unsolicited proposals by Vendors to Committee. Such proposals are subject to a competitive process as required by the City's Purchasing Policy.

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Committee Requested	x
 Audit, Finance and Administration Board of Health Emergency & Community Services Advisory/Sub-Committee (enter name) 	 ☑ General Issues □ Planning □ Public Works
Requestor Information	·
Name: <u>FRANK MICEH</u>	
Name of Organization: <u>VSW</u>	
Do you or your organization represent a lob	
Contact Number: <u>905 - 870 - 8</u> 7	718 / 905-549-1650
Email Address: <u> </u>	AIL, COM
Mailing Address: 1031 BHRTOW ST	É.
Reason(s) for delegation request: <u><i>Wp</i> s</u>	TRAY BILL FOUFORCEMENT
·	
Will you be submitting a formal presentation	? 🗹 Yes 🗆 No

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Committee Requested	/
Board of Health P	eneral Issues lanning ublic Works
Requestor Information Name: MICME MISCID Name of Organization: United Steelwe	rkers
Do you or your organization represent a lobbyist (voluntar	y) 🗆 Yes 🖾 No
Contact Number: <u>281 260 0218</u>	
Email Address: Michael MISCIO @ hot	mail.con
Mailing Address: 1031 Barton Stree Hamilton Ontario L&L:	± East 3E3
Reason(s) for delegation request: 	ent
······	
Will you be submitting a formal presentation? Q Yes	□ No

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Committee Requested
 □ Audit, Finance and Administration □ Board of Health □ Emergency & Community Services □ Advisory/Sub-Committee (enter name)
Requestor Information
Name: PETER RIDEHALGH
Name of Organization: UNITED STEELWORKERS
Do you or your organization represent a lobbyist (voluntary) □ Yes □ No
Contact Number: 905 218 5129
Email Address: <u>targanewf@gmail.com</u>
Mailing Address: 1031 BARTON STREET EAST
HAMILTON ONT L8L3E3
Reason(s) for delegation request:
WESTRAY BILL ENFORLEMENT
· · · · · · · · · · · · · · · · · · ·
Will you be submitting a formal presentation?

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