## Request to Speak at a Meeting

Mental health and addiction CRISIS declaration

If you are interested in appearing in person at a Council or Standing Committee meeting to present information or an opinion on a matter, please fill in the form below.

Please note: Your request must be submitted by 4:30 p.m. 10 days prior to the Committee or Council meeting.

Full Name: *		
Steven Soos		
Who are you representing? *		
Self		
Street Address: *		
Town/City: *	Postal Code: *	
How would you like us to contact you? *	Phone Number: *	
Presentation Details		
Which meeting would you like to present at? *	•	Requested Meeting Date: *
Council		2/26/2024

Do you have	e a presentation (slide deck)? *
C Yes	No
Have you pr	esented before on this topic? *
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Yes	⟨□ No

Please provide details on your presentation. Include questions or requests of the Committee or Council.\*

Note: previously presented in support on matters pertaining to the state of emergency on mental health, addiction (homelessness) but not have not spoken on any of the initiatives I am asking West Lincoln to support or a crisis declaration or the request to ask for an Ontario wide emergency.

I am calling on West Lincoln Town Council to support the following:

Declare mental health, addiction a crisis and ask the provincial government to declare an Ontario-wide emergency on mental health and addiction (supported by St. Catharines)

- -Ask the Niagara Region to consider a public health campaign on the dangers of opioids and poison drug supplies in Niagara Region. (Supported by Welland)
- -Advocate to the Ontario government for more drug treatment centres/beds in the Niagara Region.
- -Advocate to all levels of government to increase access to mental health crisis services

## Collection of Personal Information

Personal information on this form is collected under the authority of Section 6 of the Township of West Lincoln's Procedural By-Law for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before a Committee or Council.

Any questions about the collection, use and disclosure of personal information should be addressed to the Township Clerk:

Email: clerk2@westlincoln.caTelephone: 905-957-3346

## Thank You

Thank you for your submission. Please be advised that you will be contacted by email or by phone by a member of the Clerk's Department to confirm your appointment, provide further details and/or clarify any issues.