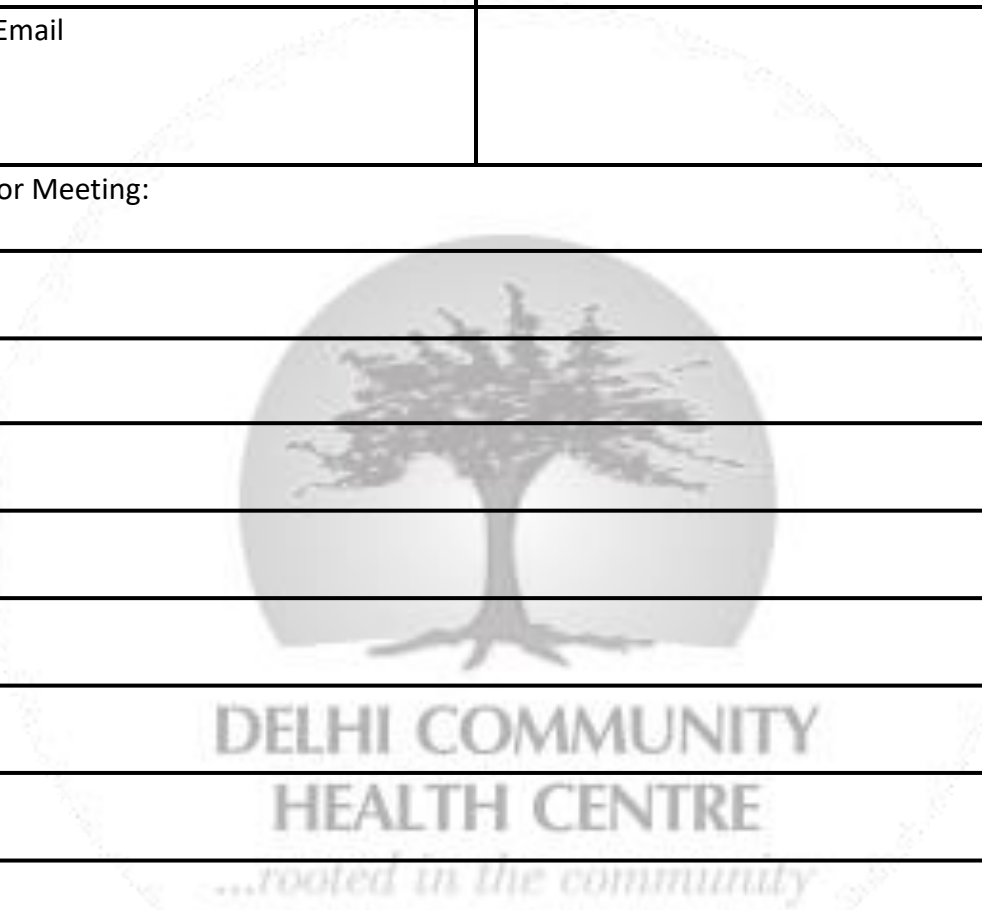


DCHC Meeting Request Form

Use this form to request a meeting with the DCHC. Email form to the DCHC Executive Director, Lisa Lesnicki-Young lisa@dchc.ca

Business Name		Employee Name	
Supervisor Name		Contact Number	
Contact Email			
Reason for Meeting:			
 <p style="text-align: center; font-weight: bold; font-size: 1.2em;">DELHI COMMUNITY HEALTH CENTRE</p> <p style="text-align: center; font-style: italic;">...rooted in the community</p>			
YES	NO	Is the meeting about the lease?	
YES	NO	Is this request URGENT?	
YES	NO	Is the meeting request due to an accident or safety concern?	
Employee Signature			Request Date