Brampton School Traffic Safety Council





Resident School Administrator Other (please specify) Crossing Guard Supervisor			
Name: Violet Skirten	Date of request: August 28, 2024		
Address: 565 Rememberence			
	Fax:		
Name of school/intersection Malala Yousafziai Publ	ic School		
Reason(s) for request – check all that apply: Park and Ride Crossing guard inquiry Other (please specify) New School Operation Observations: Note: be specific – include date, time, location, etc. If you need more space, or would like to include photos, drawings, diagrams, etc., please attach another sheet. Have you told anyone at the school about of this issue? Who did you tell? When? Verbally or in writing? Verbally In writing What was the response?			
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What was the response? Send completed form to: City Clerk's Office, City of Brampton. 2 Wellington Street West, Brampton, ON L6Y 4R2 Fax: 905.874-2119 Email: cityclerksoffice@brampton Privacy Statement Personal information is being collected under the author	n.ca rity of the Municipal Act. The information will only be used ions about this collection may be directed to our Call Centre		
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14-0333 Last updated Feb 17/15