**EXHIBIT 1** 

DELEGATION REQUEST	BR0	OWARD COUNTY COMMISSION
concerning any matter within the scope of Request, please submit a letter or fill out the 115 S. Andrews Avenue, Fort Lauderda the scheduled appearance date and time	d on the official agenda of a regular meeting the Commission's jurisdiction through a Delegation form and return to County Administration, Form and 1997 or fax it back to (954) 357-736. Please indicate in your Request the mannate be included with the original Delegation Received the discussion.	Room 409, Governmental Center,  0. Each delegation will be notified of the receive
Appearance before the Board of Coun	ty Commissioners is limited to THREE minu	tes.
Hard copies of the agenda will be available in advance at:-http://www.broward.org/co	e in the meeting room, on the day of the meeting mmission/welcome.htm.	and electronic copies are available
NAME OF DELEGATION OR GROUP:	Christine Timmon	DATE OF REQUEST:
NAME OF PERSON REPRESENTING GROUP:	ADDRESS:	PHONE NUMBER:
GROUP.		EMAIL ADDRESS:
Please indicate (X) how you with to be contacted: Mailing Address Email		
SUBJECT YOU WISH TO DISCUSS: IMMIGRATION Code IN U, S. CONSTITUTION		
Use this space for any explanatory co has been out o wemust contain of entitlemen	omments you feel necessary. 1 mm19  FROLFOR  OIT TOSTOP FCONOM  WTS LIKE healtho	$\alpha$
HAVE YOU EVER CONTACTED ANYOUNG NO IF SO, WHO?	ONE IN COUNTY GOVERNMENT IN REGARD	TO THIS SUBJECT?
WHEN?		
WHAT WAS THE OUTCOME?		
MATERIALS FOR COMMISSION'S RE	EVIEW?	
YES NO		
TO BE COMPLETED BY ADMIN.OFFICE ONLY	DATE DELEGATION SCHEDULED:	DELEGATION NOTIFIED? INITIALS:
Rev. 04/11		