



100 John West Way  
Aurora, Ontario  
L4G 6J1  
(905) 727-3123  
aurora.ca

# Delegation Request

This request and any written submissions or background information for consideration by either Council or Committees of Council is being submitted to Legislative Services.

**Council or Committee \***

General Committee

**Council or Committee Meeting Date \* ?**

2023-3-7



**Subject \***

Shining Hill

**Full Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable) \***

Maricella Saucedo

**Brief Summary of Issue or Purpose of Delegation \***

To highlight the amount of trees on proposal

**Have you been in contact with a Town staff or Council member regarding your matter of interest? \***

Yes

No

**Full name of the Town staff or Council member with whom you spoke**

Wendy Gaertner

**Date you spoke with Town staff or a Council member**

2023-2-28

