

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 *	Council or Committee Meet	
General Committee	2023-3-7	#
Subject *		
Tomlinson Nature Reserve		
Full Name of Spokesperson and Name of Gr	oup or Person(s) being Represen	ted (if applicable) *
David Tomlinson		
Regarding decisions to be considered about w	ater treatment at the Tomlinson Natu	re Reserve
Have you been in contact with a Town staff o	or Council member regarding you	r matter of interest
*	or Council member regarding you	r matter of interest
Have you been in contact with a Town staff of Yes Full name of the Town staff or Council member with whom you spoke		