

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

Delegation Request

Council or Committee (Choose One) *

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 Meeting Date * ?

Council	2023-3-28	#
Subject *		
60 Fleury Street		
Full Name of Spokesperson and Name of Gr	oup or Person(s) being Represen	ted (if applicable) *
Robert Fairs		
Brief Summary of Issue or Purpose of Deleg	ation *	
-HAC review of proposed new build. Process/s -Proposed acceptance of existing heritage hor		
Have you been in contact with a Town staff		r matter of interest
🖺 Yes	No No	
• 160		
Full name of the Town staff or Council member with whom you spoke	Date you spoke with Town member	staff or a Council