

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 (Choose One) *	Council or Committee Meeting Date * ?
Accessibility Advisory Committee	2023-4-25
Subject *	
Report being table by Mayor- Town Hall	
Full Name of Spokesperson and Name of C	Group or Person(s) being Represented (if applicable) *
Joanne Russo	
	da item before Council regarding the Mayor interest in I wish to speak on this matter. I believe it is before
Have you been in contact with a Town staff	f or Council member regarding your matter of interest?
r yes	No
I acknowledge that the Procedure By-law p	permits five (5) minutes for Delegations. *
▼ Agree	