



100 John West Way  
Aurora, Ontario  
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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 \* ?**

**Subject \***

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

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

**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**

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

**I acknowledge that the Procedure By-law permits five (5) minutes for Delegations. \***

Agree