

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 * ?
General Committee	2023-9-19
Subject *	
15 Minute Cities	
Full Name of Spokesperson and Name of Group	p or Person(s) being Represented (if applicable) *
Joel Sussmann	
	cities, and thought it would be helpful to prepare an s, and urban residents have been expressing currently lementation of 15 minute cities has raised several
Have you been in contact with a Town staff or C	Council member regarding your matter of interest?
	No No
I acknowledge that the Procedure By-law permi	ts five (5) minutes for Delegations.*