

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 * ?
Council	2023-9-26
Subject *	
Strong Mayor Powers	
Full Name of Spokesperson and Name of Gro	oup or Person(s) being Represented (if applicable) *
Steve Fleck	
Mayor, but this is VERY simple - what this does	r Powers. It is nothing personal or against the current is is trample on one of the most fundamental and basic ituations a majority shall rule. If we don't have that - we
Have you been in contact with a Town staff of	or Council member regarding your matter of interest?
(F) Yes	No No
Full name of the Town staff or Council member with whom you spoke	Date you spoke with Town staff or a Council member
Ron Weese	2023-9-21

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

