

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	2023-9-26	<b>#</b>
Subject *		
Strong Mayor Powers		
Full Name of Spokesperson and Name of Gr	oup or Person(s) being Repres	ented (if applicable) *
David Heard		
Brief Summary of Issue or Purpose of Deleg	ation *	
I am a sitting Member of the Heritage Advisory Committee level. All Committee voices have been reduced to "co	•	my voice silenced at
Our knowledge seems to have disinterest at high Now changing the math on democracy is a step		
Have you been in contact with a Town staff of *  Yes	or Council member regarding yo	our matter of interest?
Full name of the Town staff or Council member with whom you spoke	Date you spoke with Tov	vn staff or a Council
member with whom you spoke		

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

