

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	2023-10-03
Subject *	
Aurora sports Dome	
Full Name of Spokesperson and Name of Gr	oup or Person(s) being Represented (if applicable) *
Roy Cohen. President. AYSC.	
Brief Summary of Issue or Purpose of Deleg	ation *
Update on dome operations.	
Have you been in contact with a Town staff	or Council member regarding your matter of interest
*	or council member regarding your matter or interest
€ Yes	
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.*

