

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	2023-11-27
Subject *	
I'd like to address item 7.3 on the Special Me	eting of Council Agenda
Full Name of Spokesperson and Name of G	Group or Person(s) being Represented (if applicable)
Bob McRoberts	
Brief Summary of Issue or Purpose of Dele	gation *
I'd like to speak against amendment 7.3	
Have you been in contact with a Town staff or Yes	Council member regarding your matter of interest? *
I acknowledge that the Procedure By-law perm  Agree	nits five (5) minutes for Delegations. *