

✓ Agree

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	2024-10-22	#
Subject *		
Sport Aurora Sport Celebration Month 2024		
Full Name of Spokesperson and Name of Group or Pe	rson(s) being Represented (if applic	cable) *
Stephen Forsey Sport Aurora		
Brief Summary of Issue or Purpose of Delegation *		
A delegation to Council regarding the Proclamation of activities Sport Aurora has recognized during this more	•	
Have you been in contact with a Town staff or Council • Yes	member regarding your matter of in	nterest? *
Full name of the Town staff or Council member with whom you spoke Councilor Ron Weese	Date you spoke with Town staff	or a Council member
	2024-10-3	#

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