

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 * ?	
Committee of the Whole	2024-11-5	
Subject *		
Aurora's Angels Memorial Day		
Full Name of Spokesperson and Name of Group or Per	son(s) being Represented (if applicable) *	
Christopher Watts, The Aurora Heritage Authority		
Brief Summary of Issue or Purpose of Delegation *		
To provide a brief presentation to raise awareness of November 9th.	the proclaimed Aurora's Angels Memorial o	day on
Have you been in contact with a Town staff or Council • Yes	member regarding your matter of interest?	? *
Full name of the Town staff or Council member with whom you spoke	Date you spoke with Town staff or a Co	ouncil member
	2024-10-28	#
Clerk		

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