



100 John West Way
Aurora, Ontario
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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) *

Committee of the Whole

Council or Committee Meeting Date * 

2024-12-2



Subject *

Report CMS24-050 - Hillary House - Consultation Feedback

Full Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable) *

Geoffrey Dawe, Co-Chair, Aurora Historical Society

Brief Summary of Issue or Purpose of Delegation *

Delegating in support of Director McDougall's report

Have you been in contact with a Town staff or Council member regarding your matter of interest? *

Yes

No

Full name of the Town staff or Council member with whom you spoke

Director McDougall

Date you spoke with Town staff or a Council member

2024-11-26



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

Agree