

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	2025-1-14	#
Subject *		
65 St. John's Sideroad Development		
Full Name of Spokesperson and Name of Group or P	Person(s) being Represented (if applicable	e) *
Erin Kilbride, McKenzie Marsh Ratepayers Associa	ation	
Brief Summary of Issue or Purpose of Delegation * To remind & outline to council the position of the as John's Sideroad.	sociation regarding the proposed develop	ment at 65 St.
Have you been in contact with a Town staff or Counc	cil member regarding your matter of intere	est? *
I acknowledge that the Procedure By-law permits fiv ✓ Agree		