

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) *  Committee of the Whole	Council or Committee Meeting Date * ?	
	2025-2-11	<b>#</b>
Subject *		
Nature's Emporium Run for Southlake		
Full Name of Spokesperson and Name of Group or Pe	rson(s) being Represented (if appl	licable) *
Melanie Osmond, Southlake Health Foundation		
Brief Summary of Issue or Purpose of Delegation *		
The Southlake Foundation would like to announce ou encourage the participation of the Town of Aurora in cand Community Spirit Awards against the other cities	our Run, particularly to compete in t	
Have you been in contact with a Town staff or Council C Yes	l member regarding your matter of ⓒ No	interest? *
I acknowledge that the Procedure By-law permits five   ✓ Agree	(5) minutes for Delegations. *	