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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



Subject *

Deputation for the TIRP program

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

Dela Fotoohi- TIRP coordinator

Brief Summary of Issue or Purpose of Delegation *

The purpose of deputation is to present information on the Traumatic Incident Response Protocol (TIRP), to inform Aurora town of the project and the purpose of it for the community.

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

Yes

No

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

Agree