

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 * 😯

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Council

2025-2-25

Subject *

John Gallo motion for York Region regarding Men's Transitional Shelter

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

Harbinder Thandi

Brief Summary of Issue or Purpose of Delegation *

I wish to speak about this topic about the Transitional shelter at that location.

Have you been in contact with a Town staff or Council member regarding your matter of interest? * C Yes
No

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

Agree