



100 John West Way
Aurora, Ontario
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(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

Council or Committee Meeting Date * ?

2025-2-25



Subject *

Motion by Councillor Gallo

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

Kimberley McLean

Brief Summary of Issue or Purpose of Delegation *

To support motion by Councillor Gallo to invite Region to resubmit application for Regional Shelter. Due to no other locations proposed by Aurora.

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

All Councillors and Mayor by email, clerks office

Date you spoke with Town staff or a Council member

2025-2-21



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

Agree