

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 * ?	
Council	2025-2-25	m
Subject *		
Motion from Councillor Gallo (Emergency and Transition	onal Housing)	1
Full Name of Spokesperson and Name of Group or Per	son(s) being Represented (if applicable) *	
Adam Mobbs, Aurora Cares, Housing for All		
Brief Summary of Issue or Purpose of Delegation * Support Members of Council moving forward to advar	nce discussions with York Region regarding 14452	2
Yonge Street.		
Have you been in contact with a Town staff or Council • Yes	member regarding your matter of interest? *	
Full name of the Town staff or Council member with whom you spoke	Date you spoke with Town staff or a Council m	nember
	2025-2-3	
Aurora Cares, Housing for All has met with the Mayor and all members of council.		

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

✓ Agree