



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

Council or Committee Meeting Date * ?

2025-2-25



Subject *

Men's transition shelter

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

Roy Cohen

Brief Summary of Issue or Purpose of Delegation *

Men's transitional shelter

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

John Gallo

Date you spoke with Town staff or a Council member

2025-2-13



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

Agree