

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 *		
Transistional Housing Project		
Full Name of Spokesperson and Name of Group or Pe	erson(s) being Represented (if applicable)	*
Len Bulmer Personal Delegation		
Brief Summary of Issue or Purpose of Delegation *		
Regarding asking the Region to reapply for zoning for	r a Transitional Housing project in Aurora	
Have you been in contact with a Town staff or Counci	I member regarding your matter of interes	st? *
C Yes	No     No	
I acknowledge that the Procedure By-law permits five   ✓ Agree	(5) minutes for Delegations. *	