

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	***
Subject *		
Opposition to proposed motion re:14452 Yonge		
Full Name of Spokesperson and Name of Group or	Person(s) being Represented (if applicable	e) *
Rosie Mandla		
Brief Summary of Issue or Purpose of Delegation *		
Strongly opposed to Councillor Gallo's proposed n information	notion to bring back a site with no additiona	l factual
Have you been in contact with a Town staff or Cour	ncil member regarding your matter of intere	est? *
I acknowledge that the Procedure By-law permits fi ✓ Agree	ive (5) minutes for Delegations. *	