

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 or Committee Meeting Date * 😮

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Committee of the Whole

2025-3-4

Subject *

Aurora Pet Cemetery

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

David Heard

Brief Summary of Issue or Purpose of Delegation *

Response to the Museum delegation and H.A.C. meeting on the Aurora Pet Cemetery. Requesting from Council public engagement on a sensitive issue.

Have you been in contact with a	Town staff or Council member regarding your matter of interest? *
• Yes	C No

Full name of the Town staff or Council member with whom you spoke

Date you spoke with Town staff or a Council member

2025-1-29

Adam Robb /Clr. Weese

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