

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 Da	ate * 😯
Special Council	2025-3-18	<b>m</b>
Subject *		
Mayor's veto in Council meeting on February 25, 202	5	
Full Name of Spokesperson and Name of Group or Pe	rson(s) being Represented (if applica	ble) *
Ki Kit Li		
Brief Summary of Issue or Purpose of Delegation *		
To voice support of Mayor Mrakas veto against Cour February 25, 2025.	ncillor Gallo's motion during Council me	eeting on Tuesday
Have you been in contact with a Town staff or Council C Yes	I member regarding your matter of int	erest? *
I acknowledge that the Procedure By-law permits five   ✓ Agree	(5) minutes for Delegations. *	