



100 John West Way
Aurora, Ontario
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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 * ?

2025-3-18



Subject *

144452 Yonge Street

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

Harbinder Thandi

Brief Summary of Issue or Purpose of Delegation *

To support SMP.

Have you been in contact with a Town staff or Council member regarding your matter of interest? *

Yes

No

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

Agree