



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

**Council or Committee Meeting Date \* ?**

2025-3-18



**Subject \***

Support the veto

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

Frank Ni

**Brief Summary of Issue or Purpose of Delegation \***

Mayor vetoed the motion about the shelter, I am going to express my support of his decision.

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

Yes

No

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

Tom Mrakas

**Date you spoke with Town staff or a Council member**

2025-3-8



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

Agree