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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 or Committee Meeting Date * ?

Subject *

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

Brief Summary of Issue or Purpose of Delegation *

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