

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 Date * ? | |
|---|--|----------|
| Council | 2025-3-18 | ش |
| Subject * | | |
| Override of Mayor's Veto of Item 9.1 from February 29 | 5, 2025 Council Meeting | |
| Full Name of Spokesperson and Name of Group or Per | rson(s) being Represented (if applicable) * | |
| Steve Fleck | | |
| Brief Summary of Issue or Purpose of Delegation * | | |
| Questioning the repeated use of Strong Mayor Power | s to go against the democratic will of Coun | cil |
| | | |
| | | 2.* |
| Have you been in contact with a Town staff or Council 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 | |
| | 2025-3-14 | # |
| | | |

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

✓ Agree