

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	Ħ
Subject *		
Mayor's Veto of Council's vote of March 14, 2025		
Full Name of Spokesperson and Name of Group or Pe	erson(s) being Represented (if applicable	e) *
Susan Shaw, Aurora resident		
Brief Summary of Issue or Purpose of Delegation *		
- To urge the Mayor to withdraw his March 14 veto of	f Council's vote on 14452 Yonge Street;	
Have you been in contact with a Town staff or Counc	il momber regarding your matter of intere	net2 *
C Yes	• No	
I acknowledge that the Procedure By-law permits five ✓ Agree	e (5) minutes for Delegations. *	