



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 \***

Special Meeting of Council at 6:00 to 9:30

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

Wendy Morihovitis

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

Democracy is important to me. As a resident of Aurora, I would like to share my opinion of the Mayor's veto of the February 25 motion which was approved by a 4 out of 7 majority.

**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