

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 *	?
Committee of the Whole	2025-4-8	ش
Subject *		
Delegation Request CoW April 8, 2025		
Full Name of Spokesperson and Name of Group or Per	rson(s) being Represented (if applicable) *	
Shawn Deane		
Brief Summary of Issue or Purpose of Delegation *		
I wish to share my thoughts on the following three ma Methods of Voting (2) 11.2 FIN25-022 - 2026 Budget Rental Housing Incentive Program Participation 120 M	Timeline and Process (3) 11.3 FIN25-024 -	Regional
Have you been in contact with a Town staff or Council • Yes	member regarding your matter of interest?	*
Full name of the Town staff or Council member with whom you spoke John Gallo	Date you spoke with Town staff or a Co	uncil member
	2025-4-3	ش
SSIII SAIIO		

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