

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) *

Heritage Advisory Committee

Council or Committee Meeting Date * ?

2025-4-14



Subject *

Wooden Plaque Program

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

Christopher Watts, The Aurora Heritage Authority

Brief Summary of Issue or Purpose of Delegation *

To review with committee several deficiencies with the operation of the program so that an action plan is arrived at for council to approve and direct staff to amend changes to the program.

Have you been in contact with a Town staff or Council member regarding your matter of interest? *

☒ Yes

☐ No

Full name of the Town staff or Council member with whom you spoke

Manager of Heritage Planning

Date you spoke with Town staff or a Council member

2025-1-31



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

☒ Agree

I acknowledge that I understand and accept the delegate conduct expectations as outlined in Section 32(b) of the Procedure By-law 6228-19, as amended (link below) *

☒ Agree

[Click to view Procedure By-law 6228-19, as amended.](#)