

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	2025-5-13	#
Subject *		
10/12 Spruce St		
Full Name of Spokesperson and Name of Group or Per	rson(s) being Represented (if applicable)	*
Blair Boston/Paige Boston		
Brief Summary of Issue or Purpose of Delegation *		
To speak in support of our application to demolish and	d construct a new dwelling at the above ac	ldress
Have you been in contact with a Town staff or Council $\ensuremath{\mathfrak{F}}$ γ_{es}	member regarding your matter of interes \cap No	t? *
Full name of the Town staff or Council member with whom you spoke Ron Weiss	Date you spoke with Town staff or a Council member	
	2025-4-18	m
TOH WEISS		

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.