

✓ Agree

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	2025-5-27
Subject *	
Youth Engagement Committee Presentation	
Full Name of Spokesperson and Name of Group or	Person(s) being Represented (if applicable) *
Miranda Link, Sparrow Als & Youth Engagement Committee	
Brief Summary of Issue or Purpose of Delegation *	
	council. The presentation will aim to highlight the leadership development, and community involvement. By the committee hopes to emphasize the positive impact of
Have you been in contact with a Town staff or Coun	
C Yes	No

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