

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 * 💡	
Council	2025-7-15	Ê
Subject *		
Bill 5		
Full Name of Spokesperson and Name of Group o	r Person(s) being Represented (if applicab	le) *
David Heard		
Priof Cumments of Jacua or Durnage of Delegation	k	
Brief Summary of Issue or Purpose of Delegation		
Concerns of our valued heritage.		
Concerns of our valued heritage.		rest? *
Concerns of our valued heritage. Have you been in contact with a Town staff or Cou	incil member regarding your matter of inte	

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.