



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

Council or Committee Meeting Date * ?

2026-3-31



Subject *

Community Partner Presentation

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

Phiona Durrant and Leticia Osei from the Aurora Black Community

Brief Summary of Issue or Purpose of Delegation *

A Black History Month Reporting session. Files will be sent, and files will follow the week before the meeting and be sent to the appropriate parties.

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

Yes

No

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.](#)