



100 John West Way
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Town of Aurora
Delegation Request
Legislative Services

This Delegation Request form and any written submissions or background information for consideration by either Council or Committees of Council must be submitted to Legislative Services.

Council or Committee Meeting Date:			
September 22 2020			
Subject: Getting more involved in the direction of the town			
Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable): Phiona Durrant			
Brief Summary of Issue or Purpose of Delegation: Mental health, support and harmony as it Relates to BLM. the unity of council mirrors the health of our community *questions about that and solutions.			
Have you been in contact with a Town staff or Council member regarding your matter of interest?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, with whom?			Date:
<input checked="" type="checkbox"/> I acknowledge that the Procedure By-law permits five (5) minutes for Delegations.			
I wish to submit my delegation by (select one):			
<input type="checkbox"/> Video/audio*	<input type="checkbox"/> Phone*	<input checked="" type="checkbox"/> In Writing	<input checked="" type="checkbox"/> In Person**

*Must attend electronic meeting. [Please click here for more information.](#)

**Subject to meeting format and submission of [Screening Registration Form](#)