



100 John West Way  
Aurora, Ontario  
L4G 6J1  
(905) 727-3123  
aurora.ca

Town of Aurora

## Electronic 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.

<b>Council or Committee Meeting Date:</b>		
<b>Subject:</b>		
<b>Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable):</b>		
<b>Brief Summary of Issue or Purpose of Delegation:</b>		
Have you been in contact with a Town staff or Council member regarding your matter of interest? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
<b>If yes, with whom?</b>	<b>Date:</b>	
<input type="checkbox"/> I acknowledge that the Procedure By-law permits five (5) minutes for Delegations.		
<b>I wish to submit my delegation by (select one):</b>		
<input type="checkbox"/> Video/audio*	<input type="checkbox"/> Phone*	<input type="checkbox"/> Written Correspondence

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