

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 *	Council or Committee Meeting Date * 😯
General Committee	2022-6-21
Subject *	
YEAR TO DATE UPDATE AND THANK	YOU
Full Name of Spokesperson and Name	e of Group or Person(s) being Represented (if applicable) *
PHIONA DURRANT & KEISHA TELFE	₹
GOOD MORNING STAFF, ABC WILL F UPDATE PROGRESS AND THANKS	PRESENT THE COUNCIL WITH OUR YEAR-TO-DATE
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	