

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

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	e Meeting Date:			
December 1,	2020			
Subject: General Committee Me	eeting			
Name of Spokesperse applicable): Lenard Lind	on and Name of G	roup or Person(s)	being F	Represented (if
Brief Summary of Issue or Purpose of Delegation:				
Remove four trees & re				
Have you been in contact with a Town staff or Council member regarding your matter of interest?			Yes [✓ No □
If yes, with whom? The Mayor			Date:	
✓ I acknowledge that	t the Procedure By	-law permits five (5) minute	s for Delegations.
I wish to submit my	delegation by (se	lect one):		
✓ Video/audio*	Phone*	☐ In Writing] In Person**

^{*}Must attend electronic meeting. Please click here for more information.

^{**}Subject to meeting format and submission of Screening Registration Form