

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 or Committee Meeting Date * ?
Committee of the Whole	2024-4-2
Subject *	
Windrow Pilot Project	
Full Name of Spokesperson and Name of Group or Pe	erson(s) being Represented (if applicable) *
John Hartman	
Brief Summary of Issue or Purpose of Delegation *	
To provide an observationor twoon the 2024 Wir in 2024/25.	ndrow Pilot Program and the recommendation to continue
Have you been in contact with a Town staff or Counci	il member regarding your matter of interest? *
I acknowledge that the Procedure By-law permits five	(5) minutes for Delegations. *