

Request to Speak before Council

Request to Make a Deputation/Presentation to Council/Committee City of Kawartha Lakes City Clerk's Office 26 Francis Street, PO Box 9000 Lindsay, ON K9V 5R8 705-324-9411

Name: *		
C Brian Lailey		
Address: *		
200 East St S., Unit 302		
City/Town/Village:	Province: *	Postal Code:
Bobcaygeon	ON	K0M1A0
Telephone: *	Email: *	
705 738 1479	cbmlailey@gmail.	com
There can be a maximum of two speakers for each who will be speaking. The names that are listed he properties to the common state of the common st		
C. Brian Lailey		
Deputant Two:		
First Name, Last Name		

Please provide details of the matter to which you wish to speak: *

I am a homeowner and property tax payer living in Edgewater Condominiums in Bobcaygeon. In November, the fall pickup of leaves on Nov 6th and Nov 20th excluded our property. When i contacted Miller Waste and city officials I was told it was because of municipal bylaw that excluded multi-density residences(3 or more units) and condominiums. The bylaw is flawed. It excludes selected taxpayers from city services without a legal justification. We are assessed on our property, we are on the tax roles and we pay our taxes. Excluding us from service is discriminatory and arbitrary. To make matters worse, I checked with 3 other properties in Bobcaygeon (Regency Pointe, Sherwood Gardens, 123 Need St) on Nov 6th and 20th and in all cases they had their leaves picked up. I seek a legal justification for excluding us that does not use the bylaw which i contend is unlawful in its form. If there is a legal justification why doesn't it apply to regular garbage pickup?			
Please attach any additional supporting documents you wish to provide and submit with this completed form. Have you discussed this matter with City Staff?			
(F) Yes			
If yes, Which department and staff member(s) have you spoken to?			

What action are you hoping will result from your presentation/deputation? *	
an apology, rewriting of bylaw and compensation for our costs to remove our fall lea	aves.
By signing this form you are acknowledging that all of the information you are providir and giving the City permission to collect your personal information for the principal pumake a deputation to Committee or Council as outlined below. Signature:	
C.B. Lailey	
Date:	, And
12/18/2020	
The personal information is being collected by the City of Kawartha Lakes for the prin request to make a deputation to Committee or Council pursuant to the City's procedu information, including all attachments submitted may be circulated to members of Copublic and posted on the City website. Questions about the collection of this information to the City Clerk or Deputy Clerk at 705 324-9411 ext. 1295 or 1322. Do you agree to the publication of your name and contact information on the	ral by-law. This uncil, staff, the general tion should be directed
the City Council agenda? *	and and and
(F) Yes	

Please complete this form and return to the City Clerk's Office by submitting it online or: Fax: 705-324-8110 Email: agendaitems@kawarthalakes.ca