

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

| vame: " | | |
|---|--|--------------|
| Justin Kanitz | | |
| address: * | | |
| | | |
| City/Town/Village: | Province: * | Postal Code: |
| | | |
| elephone: * | Email: * | |
| | | |
| There can be a maximum of two speakers for | | |
| peaking. The names that are listed here will be | e included on the Council Meeting Ager | nda. |
| Deputant One: | | |
| June Kanitz | | |
| Deputant Two: | | |
| First Name, Last Name | | |

| Please provide details of the matter to which you wish to speak: * | |
|--|---------------------|
| I was not in the province during the recent ice storm and arrived back home on April 27th, so I could not be from the free waste bins that were located in Fenelon Falls and Bobcaygeon. These free drop off bins were picked up by Miller Waste on April 21st. Sadly, the free bins were not available for me when I returned home. Therefore, I had no choice but to to do 210 kgs of spoiled food at the Fenelon Landfill on May 5th and was charged \$29.40. In all fairness, I should be reimbursed the full cost of dumping this food because others had the opportunity dump theirs for free. I did not. I am a taxpayer and feel I am being unfairly punished because I was not hon before April 21st to get the free service that my tax dollars paid for. My hope is that this matter can be resl without taking up council's time through a deposition. | e imp to e |
| Please attach any additional supporting documents you wish to provide and submit with this completed form. Have you discussed this matter with City Staff? Yes No If yes, Which department and staff member(s) have you spoken to? | |
| | |
| What action are you hoping will result from your presentation/deputation? * | |
| To be fully reimbursed the \$29.40 that I was charged by the Fenelon landfill for throwing away my spoiled from the recent ice storm. | ood |

| Electronically Using Zoom | |
|---|-----------------------------|
| By signing this form you are acknowledging that all of the information you are providing on this form is true, City permission to collect your personal information for the principal purpose of a request to make a deputa Committee or Council as outlined below. | |
| Signature: | |
| Justin kanitz | |
| Date: | |
| 5/6/2025 | Ê |
| The personal information is being collected by the City of Kawartha Lakes for the principal purpose of a req deputation to Committee or Council pursuant to the City's procedural by-law. This information, including all submitted may be circulated to members of Council, staff, the general public and posted on the City website about the collection of this information should be directed to the City Clerk or Deputy Clerk at clerks@kawai | attachments e. Questions |

Do you agree to the publication of your contact information (including your address, telephone number and email) on the City's website as part of a meeting agenda? *

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