



City of Kawartha Lakes  
Human Services  
68 Lindsay Street North  
Lindsay, ON K9V 4S7  
705-324-9870  
cklhumanservices@kawarthalakes.ca

## Request for Review

If you disagree with a decision, you may request an internal review. You must request the review no later than 30 days after you receive written notice of the original decision. You may include other information with this form to show reasons why you disagree with the original decision.

**First Name \***

**Last Name \***

**Unit/Apt #**

**Street Address \***

**Town/City \***

**Province \***

**Postal Code \***

**Phone Number \***

**Email Address**

**Alternate Contact \***

**Alternate Contact Relationship \***

**Alternate Contact Phone Number \***

**What is the date of the letter telling you of the decision? \***

**The decision I am appealing was made by: \***

**Why do you disagree with the decision made? \***

Applicant Consent: I consent to the City of Kawartha Lakes obtaining, disclosing or exchanging my personal or other information (including information in tenancy files or other files) at any time, from, to or with my housing provider, the City of Kawartha and other contact persons named on this form.

If you have other information to support your Request for Review, please attached it with your submission of this form.

**I agree to the above consent \***

**Signature \***

Yes

No

**Date this Application was Submitted \***

Personal information contained on this form is collected pursuant to the *Housing Services Act, 2011*, and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the City Clerk or Deputy-Clerk at 705-324-9411 extension 1295 or 1322.