

MUNICIPAL CONFLICT OF INTEREST ACT REQUEST FOR INQUIRY FORM

COMPLAINANT CONTACT DETAILS

SIMI EAMANT SONTAGE BETAILS		
rst name*	Last name*	
mail address (considered the most prompt way	we can communicate with you)	
ome Address*		
one Address		
oiling Addroop*	Dhono Number(e)*	
ailing Address*	Phone Number(s)*	
*It is an offence under the Criminal C affidavit.	ode of Canada to knowingly swear a false	
1	[Print full name] of	
	[municipal	
<pre>address] in the Province of Ontario MAI next to one of the following]:</pre>	KE OATH AND SAY [or AFFIRM]: that [place an "X"	
I became aware of the alleg	ed contravention(s) not more than six weeks prior to	
the date of this application; OR		
	ed contravention(s) within the period of time starting	
six weeks before nomination day for the	municipal election, and ending on voting day.	
Requester's Signature	Date	
SWORN [or AFFIRMED] before me at	[City/Town [day] of [month], 20	
namel, in the Province of Ontario, this		
	[day] or [month], 20	



I,, hereby request the Integrity Commissioner for				
Tay Valley Township to conduct an inquiry pursuant to section 223.4.1 of the Municipal Act,				
2001. I have reason to believe that [specify name(s) of member(s) of Council or Local				
Board]				
contravened section(s) 5, 5.1 or 5.2 of the Municipal Conflict of Interest Act. The particulars				
of the application for inquiry regarding the alleged contravention by a member of Council or c				
a Local Board are as follows:				
[Please provide section(s) of the Municipal Conflict of Interest Act (i.e. section 5, 5.1				
and/or 5.2) alleged to have been contravened, date(s), time(s) and location(s) of				
conduct, names of all persons alleged to be involved, including witnesses and their				
contact information including home and cell phone numbers. If you require more				
space, please use the attached Schedule "A" form. Please attach copies of all				
documents relevant to the requested investigation]:				
				
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Tay Valley Township				
;				
SIGNATURE				
Complainant's Signature				
Date complaint submitted (mm/dd/yyyy)				
Date complaint submitted (min/dd/yyyy)				
INTERNAL USE ONLY				
Date received	File #	Receiver Initials:		

Please deliver your request to:

Tay Valley Townshi

Tay Valley Township Attn: Clerk 217 Harper Road, Perth, ON K7H 36C



SCHEDULE "A"