



**MUNICIPAL CONFLICT OF INTEREST ACT  
REQUEST FOR INQUIRY FORM**

**COMPLAINANT CONTACT DETAILS**

First name*	Last name*
e-mail address <i>(considered the most prompt way we can communicate with you)</i>	
Home Address*	
Mailing Address*	Phone Number(s)*

***\*It is an offence under the Criminal Code of Canada to knowingly swear a false affidavit.***

I, \_\_\_\_\_ [Print full name] of \_\_\_\_\_ [municipal address] in the Province of Ontario MAKE OATH AND SAY [or AFFIRM]: that [place an "X" next to one of the following]:

\_\_\_\_\_ I became aware of the alleged contravention(s) not more than six weeks prior to the date of this application; OR

\_\_\_\_\_ I became aware of the alleged 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 name], in the Province of Ontario, this \_\_\_\_\_ [day] of \_\_\_\_\_ [month], 20\_\_\_\_.

\_\_\_\_\_  
**Print Commissioner's Name**

\_\_\_\_\_  
**Signature of Commissioner**





## SCHEDULE "A"