



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"