

MUNICIPAL CONFLICT OF INTEREST ACT REQUEST FOR INQUIRY FORM

COMPLAINANT CONTACT DETAILS

First name*	Last name*		
e-mail address (considered the most prompt way	we can communicate with you)		
Home Address*			
Mailing Address*	Phone Number(s)*		
I,address] in the Province of Ontario MAI	code of Canada to knowingly swear a false [Print full name] of [municipal KE OATH AND SAY [or AFFIRM]: that [place an "X"		
the date of this application; OR I became aware of the alleger	ed contravention(s) not more than six weeks prior to led contravention(s) within the period of time starting municipal election, and ending on voting day.		
Requester's Signature	Date		
SWORN [or AFFIRMED] before me at_ name], in the Province of Ontario, this	·		
Print Commissioner's Name	Signature of Commissioner		

I, hereby request the Integrity Commissioner for					
, hereby request the Integrity Commissioner for Township of Beckwith to conduct an inquiry pursuant to section 223.4.1 of the <i>Municipal Act</i> ,					
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 of					
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]:					

			_		
SIGNATURE					
Complainant's Signature					
Date complaint submitted (mm/dd/yyyy)					
NTERNAL USE ONLY					
Date received	File #		Receiver Initials:		
Places deliver your real	unot to:	Township of Booky	vith		

Please deliver your request to:

Township of Beckwith Attn: Clerk 1702 9th Line Beckwith Carleton Place, ON K7C 3P2

SCHEDULE "A"