



Municipality of North Perth
330 Wallace Avenue North
Listowel ON N4W 1L3

REQUEST FOR INVESTIGATION FORM
MUNICIPAL CONFLICT OF INTEREST ACT, R.S.O. 1990, c. M.50

REQUESTER INFORMATION

Name:

Address:

Contact Phone Number:

Email Address:

DETAILS OF REQUEST FOR INVESTIGATION

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

I, _____ (full name) of
_____ (municipality of residence)
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 the 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.

This affidavit is made for the purpose or requesting that this matter be reviewed and/or investigated by the Municipality of North Perth's appointed Integrity Commissioner and for no other or improper purpose.

SWORN (or affirmed) before me at the (City, Town, Municipality etc. of) _____

In the Province of Ontario, on _____ (dd/mm/yyyy).

Signature of Commissioner
A Commissioner for taking Affidavits, etc.

Signature of Requester

I _____, hereby request the Integrity Commissioner for the Municipality of North Perth to conduct an inquiry pursuant to section 223.4.1 of the *Municipal Act, 2001*, as amended. I have reason to believe that _____ (name of Council or Local Board member) contravened sections 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 attach additional pages as necessary. Please attach copies of all documents relevant to the requested investigation):

Signature of Requester

Date of Signature

Submit Completed Form To:

Mr. Guy W. Giorno – Integrity Commissioner
c/o Fasken Martineau DuMoulin LLP
333 Bay St., Suite 2400, PO Box 20
Toronto, ON M5H 2T6
integritycommissioner@fasken.com