



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

REQUEST FOR INVESTIGATION FORM/AFFIDAVIT CODE OF CONDUCT FOR MEMBERS OF COUNCIL

Integrity Commissioner's statutory powers pursuant to s. 223.4 *Municipal Act* may recommend:

1. A reprimand;
2. A suspension of the remuneration paid to the member in respect of his or her services as a member of Council for a period of up to 90 days.

Requester Information

Name: _____

Mailing Address: _____

Telephone: Home Number: _____ Work Number: _____

Cell Number: _____

Email address: _____

Please note that 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)

1. I have personal knowledge of the facts as set out in this affidavit, because.

_____ (insert reasons e.g. I work for....I attended the meeting at which....etc.)

2. I have reasonable and probable grounds to believe that a member of North Perth Council,:

_____ (specify name of Member), has contravened section(s)

_____ (specify section(s) of the Code of Conduct for Members of Council (the "Code of Conduct").

The particulars of which are as follows: *(Please provide information such as date, time and location of conduct, names of all persons involved, including witnesses, and information as to how they can be reached. If you require more space, please use the attached Schedule A form.):*

3. I acknowledge that at the time of the Integrity Commissioner’s report to Council in this matter, and as between the parties, the identity of a complainant and the identity of the person who is the subject of the complaint shall not be treated as confidential information.

Please see the attached Schedule A.

1. This Affidavit is made for the purpose of requesting that this matter be investigated and for no other purpose.

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

In the Province of Ontario on: _____ (DD/MM/YY)

(Signature of Commissioner)

Signature of Requester

Print Commissioner’s Name
A Commissioner for taking Affidavits, etc.

