MUNICIPAL CONFLICT OF INTEREST ACT
REQUEST FOR INQUIRY FORM

COMPLAINANT CONTACT DETAILS

First name*	Last name*
Email address *(considered the most prompt way we can communicate with you)*	
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

I, _____, hereby request the Integrity Commissioner for the Township of Drummond/North Elmsley to conduct an inquiry pursuant to section 223.4.1 of the Municipal Act, 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)

INTERNAL USE ONLY

Date received	File#	Receiver Initials:

Please deliver your request to:
Township of Drummond/North Elmsley
Attn: Clerk
310 Port Elmsley Road
Perth, ON K7H 367

Schedule "A"