



THE CORPORATION OF THE TOWN OF PERTH

80 Gore Street East
Perth, Ontario K7H 1H9
Phone: (613) 267-3311
Fax: (613) 267-5635

CONFIDENTIAL

APPLICATION FOR INQUIRY FORM/AFFIDAVIT
MUNICIPAL CONFLICT OF INTEREST ACT, R.S.O. 1990, c. M.50

Name:
Home Address
Mailing Address
Home phone #:
Cell phone #:
Email address:

*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.

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]

[Requester's Signature]

[Date]

I, hereby request the Integrity Commissioner for the Town of Perth to conduct an inquiry pursuant to section 223.4.1 of the Municipal Act,

Please deliver your request in person to:

Town Clerk
80 Gore Street East
Perth, Ontario K7H 1H9

(Date)

(Signature of Complainant)

SCHEDULE "A"