

Municipality of Hastings Highlands

33011 Hwy. 62 North

Maynooth, Ontario, K0L 2S0

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

Name: _____
Home Address _____
(Street name, house #, P.O. Box #, city, postal code)
Mailing Address _____
(if different from home 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]

Please deliver your request in person to:

Chief Administrative Officer/Municipal Clerk
Municipality of Hastings Highlands
33011 Hwy. 62 North
P.O. Box 130
Maynooth, Ontario, K0L 2S0

(Date)

(Signature of Complainant)

SCHEDULE "A"