



Hastings Highlands

Beautiful By Nature

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, [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.

To Be Completed at Municipal Office

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 Hastings Highlands 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, of a Local Board, or of a Committee of the Municipality]**

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 home numbers. If you require more space, please use the attached Schedule "A" form. Please attach copies of all documents relevant to the requested investigation]:

Please deliver your request to:

Municipal Clerk
Municipality of Hastings Highlands
33011 Hwy.62 North P.O. Box 130
Maynooth, ON, K0L 2S0

Date

Signature of Complainant

SCHEDULE "A"