



*Naturally Spirited*

**KILLALOE-HAGARTY-RICHARDS**

**TOWNSHIP OF KILLALOE, HAGARTY AND RICHARDS**

1 John Street, P.O. Box 39  
Killaloe, ON K0J 2A0

**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



**(Signature of Complainant)**