

TOWNSHIP OF KILLALOE, HAGARTY AND RICHARDS

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

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

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
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	he alleged cor	ontravention(s) within the period of
time starting six weeks before nominat voting day.	tion day for th	he municipal election, and ending on
SWORN [or AFFIRMED] before me at _		[City/Town
name], in the Province of Ontario, this	[day] of	[month], 20
[Print Commissioner's Name]	[Signatur	re of Commissioner]
[Requester's Signature]	[Date]	
I,	nd Richards to 2001. I have re of a Local B	to conduct an inquiry pursuant to reason to believe that [specify Board, or of a Committee of the contravened Interest Act. The particulars of the
[Please provide section(s) of the N section 5, 5.1 and/or 5.2) alleged and location(s) of conduct, names including witnesses and their cont phone numbers. If you require mo "A" form. Please attach copies of a investigation]:	to have been s of all person tact informa ore space, plo	en contravened, date(s), time(s) ons alleged to be involved, ation including home and cell lease use the attached Schedule

Please deliver your request in person to	n:		
request in person to			
CAO/C	Clerk – Treasurer		
Township of Killaloe, Hagarty and Richards			
1 John Street, P.O. Box 39			
Killaloe, ON KOJ 2A0			
·	,		
(Data)	(Cirmature of Complete and		
(Date)	(Signature of Complainant)		