

CONFIDENTIAL

Conflict of Interest Application for Inquiry Form/Affidavit

Municipal Conflicts of Interest Act, R.S.O. 1990, c. M.50

Name of Applicant:		
Home Address:(Street name		
(Street nam	e, house #, P.O. Box #, city, postal	code)
Home Phone #:		
Cell Phone #:		
Email address:		
* It is an offence under the Criminal (ode of Canada to knowingly	swear a false affidavit
l,		of
(p	int full name)	
(manufacinal adduses)	in th	ne Province of Ontario
(municipal address)		
MAKE OATH AND SAY (or AFFIRM) (place an "X" next to one of the following)	that:	
I became aware of the alleged the date of this application;	contravention(s) not more th	an six weeks prior to
I became aware of the alleged six weeks before nomination of day.	contravention(s) within the p	
SWORN (or AFFIRMED) before me	t the Municipality of Mississi	ppi Mills in the
Province of Ontario, this(day)	of20 (month) (ye	 ar)
Requester's Signature	 Date	
Print Commissioner's Name	 Signature o	f Commissioner



1,		, hereby request
the Integrity Commissioner for t pursuant to section 223.41 of th following member(s) of Council	e <i>Municipal Act</i> , 2001. I h	nave reason to believe that the
contravened section(s) 5, 5.1 a	nd/or 5.2 of the <i>Municipal</i>	Conflict of Interest Act.
Section(s) of alleged contravent (place an "X" next to sections that app		lict of Interest Act include:
Section 5, when present	at meeting at which matte	er considered
Section 5.1, written state	ment re disclosure	
Section 5.2, influence		
Date(s) and Time(s) of conduct	:	
Location(s) of conduct:		
Persons (including witnesses) a	alleged to be involved in th	ne contravention:
Name:	Home/Cell Phone:	Email Address:
	_	
		 -



The particulars of the application fo member of Council or of a Local Bo	or inquiry regarding the alleged contravention by a pard are as follows:
* Please attach copies of all docum	nents relevant to the requested investigation
Please deliver your request in personal	, ·
	Municipal Clark
31	Municipal Clerk pality of Mississippi Mills I31 Old Perth Road, monte ON K0A 1A0
Signature of Complainant	Date