

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. [**NOTE: An application brought under this exception may only be made**
within six weeks after the day after 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]

A series of horizontal lines for writing, with a shorter line at the bottom of the set.

(Date)

(Signature of Complainant)

SCHEDULE "A"