

Application to the Integrity Commissioner Municipal Conflict of Interest Act

This	s is considered to be the affidavi	it of(Please Print-Full Name)
1,	(Please Print-Full Name)	Of(Please Print-Address)
(Pleas	se Print-Address)	, Province of Ontario do hereby make
	n and say:	
1.	I have personal knowledge	e of the facts as set out in this affidavit because:
(Pleas	se Print-insert reason eg, I work forI attended	a meeting at whichetc.)
2.	I came to be aware of the fa	acts as set out in the affidavit on:
(Pleas	se Print-insert day, month, year and time)	
3.	I have reasonable and prob Council or a Local Board	bable grounds to believe that a member of
(Pleas	se Print-members name and position)	
	Has contravened Section(s	(Please Print-specify sections contravened)
	of the Municipal Conflict of follows:	f Interest Act the particulars of which are as
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(Please Print-set out the statements of fact in consecutively numbered paragraphs in the space above with each paragraph being confined as far as possible to a particular statement of fact. If you require more space, please attach additional pages. If you wish to include exhibits to support this application, please refer to them as Exhibit A, Exhibit Betc. and attach them to this affidavit. Please indicate the number of pages in the bottom right hand corner of each page to this affidavit.) This affidavit is made for the purpose of requesting that this matter be reviewed by the Town of South Bruce Peninsula Integrity Commissioner and for no other purpose.					
Sworn (or affirmed) before me at)				
(Please Print-City, Town, etc.))				
(Please Print-Name of City Town, etc.))				
in the Province of Ontario on)				
(Please Print-Date))				
A Commissioner, etc.) <u> </u>	gnature			
Signing a false affidavit may expose you to prosecution under Sections 131, 132 or 134 of the Criminal Code, R.S.C. 1985 c. C-46 and also to civil liability for defamation.					
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Contact Information for Applicant	
Name	
Address	
Phone Number	
Email Address	