



\*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, house #, P.O. Box #, city, postal code)*

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

*\* It is an offence under the Criminal Code of Canada to knowingly swear a false affidavit*

I, \_\_\_\_\_ of  
*(print full name)*

\_\_\_\_\_ in the Province of Ontario  
*(municipal address)*

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.

SWORN (or AFFIRMED) before me at the Municipality of Mississippi Mills in the

Province of Ontario, this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_.  
*(day) (month) (year)*

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Commissioner's Name

\_\_\_\_\_  
Signature of Commissioner





The particulars of the application for inquiry regarding the alleged contravention by a member of Council or of a Local Board are as follows:

*\* Please attach copies of all documents relevant to the requested investigation*

Please deliver your request in person to:

Municipal Clerk  
Municipality of Mississippi Mills  
3131 Old Perth Road,  
Almonte ON K0A 1A0

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Signature of Complainant

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Date