APPENDIX "C"

Municipal Conflict of Interest Act Complaint Form and Affidavit Township of Minden Hills

Complainant Information	TO THE OWNER OF THE OWNER OWN		
Name:		,	
Mailing Address:			
Town/City:	Province:		Postal Code:
Home Telephone:		Cell Nun	nber:
Email Address:			
Affidavit of			
	(full	name) of	
I,(full name) in the County/District/Region of Province of Ontario	r		(City, Town, etc.)in the
Make Oath and Say (or affirm) 1. I have personal knowle		s as set oเ	ut in this affidavit, because
**			
insert reasons above, e.g. l	work for Lat	tend a m	eeting at which etc.)
insert reasons above, e.g. r	WOIR IOI I at	iteriu a iii	eeding at willerietc.)
 I have reasonable and p Township of Minden Hil 			eve that a member of the
			er) has contravened section(s)
	(-		
(specify section(s) of the and/or 5.2)	e Municipal Coi	nflict of Int	terest Act (i.e. Section 5, 5.1,
Please include the date other relevant information		ion of the	alleged contravention and any
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If yo exhi	u wish to include e bits as Exhibit A, B	xhibits to sup , etc. and attac	port this complai ch them to this A	int, please refer to the ffidavit).	е			
3.	I became aware of date of application <i>Act</i> , as amended.	f the alleged co in accordance	ntravention not mowith Section 223.	ore than <u>six weeks</u> be 4.1(5) & (6) of the <i>Mur</i>	efore the			
4.	This Affidavit is made for the purpose of requesting that this matter be reviewed by the Township of Minden Hills appointed Integrity Commissioner and for no other purpose.							
Swoi	n before me at the							
this _	day of	20 .	Commissione	r of Oaths/Affidavits, e	etc.			
Pleas	se note that signing a	a false affidavit	may expose you t	o prosecution under S	ections			
131,	132 or 134 of the Cri nation.	minal Code, R.	S.C. 1985 c. C-46	and also to civil liabili	ty for			