

Appendix "C" to the

Township of Scugog – Code of Conduct

Application for Inquiry into Alleged Contravention of the Municipal Conflict of Interest Act

Applicant Information

Full Name:	
Address:	
Phone:	
Email:	

Applicant is (check one):

<input type="checkbox"/>	An elector in the Township of Scugog
<input type="checkbox"/>	An individual demonstrably acting in the public interest
<input type="checkbox"/>	A corporation (including a municipality) demonstrably acting in the public interest

Where the Applicant is a corporation please identify its authorized representative for purposes of this application:

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About the Allegation

Name of the member who is the subject of the allegation (complete separate form for each member who is the subject of an allegation):

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The applicant alleges that the member contravened the following section of the Municipal Conflict of Interest Act (check all that apply):

<input type="checkbox"/>	Section 5
<input type="checkbox"/>	Section 5.1
<input type="checkbox"/>	Section 5.2

The following are the Applicant's reasons for believing that the member has contravened the above section(s) of the Municipal Conflict of Interest Act:

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(If more room is required, please use pages below to set out the reasons in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact. If you wish to include exhibits to support this application, please refer to the exhibits as Exhibit A, B, C, etc. and attach them to this Form.)

Please Read before Signing: If the Integrity Commissioner launches an inquiry into an allegation then the content of this form, including the Applicant's identity, will typically be shared with the Member who is the subject of the allegation. Also, information on this form and information obtained during the inquiry, including possibly the identities of the parties involved, might be disclosed in the Integrity Commissioner's published reasons at the end of the inquiry and might be disclosed in an application to the Superior Court. Only sign this application form if you understand and accept the potential for disclosure of your identity and the information you provide.

The Applicant applies to the Integrity Commissioner for an inquiry to be carried out concerning the alleged contravention:

Signature of Applicant: <u>(or of representative if Applicant is a corporation)</u>	
Date:	

Personal Information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and Part V.1 of the Municipal Act and will be used by the Integrity Commissioner to consider this application and to conduct an inquiry into it. Questions about the collection of this information should be directed to the Township Clerk, Township of Scugog, 181 Perry Street, Port Perry, ON L9L 1A7, 905.985.7346.

Note: the statutory declaration on the next page is a mandatory part of the application (required by the Municipal Act). It must be declared before a person authorized to take declarations in Ontario (including any Ontario lawyer).

Declaration

Required by subsection 223.4.1(6) of the Municipal Act

I, _____(insert full name), of
_____ (insert City, Town of residence etc.) in the
Province of _____(add province / country if outside Ontario / Canada)
solemnly declare that:

Check one:

<input type="checkbox"/>	I am the Applicant.
<input type="checkbox"/>	The Applicant is a corporation and I am its authorized representative.

Check one:

<input type="checkbox"/>	I attest to the fact that the Applicant became aware of the Member's alleged contravention of the Municipal Conflict of Interest Act not more than six weeks before today.
<input type="checkbox"/>	(In a municipal election year:) I attest to the fact that the Applicant became aware of the Member's alleged contravention of the Municipal Conflict of Interest Act within the period of time starting six weeks before the fourth Friday of July, and ending on voting day.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me at the _____)
of _____ this _____ day)
of _____ , _____ .)
_____)

_____)
A Commissioner, etc.

_____)
Applicant or Representative