

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

Applicant Information:

Full Name:

Address:

Phone:

Email:

Applicant is (check one):

- An elector in the City of Pickering
- An individual demonstrably acting in the public interest
- 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:

About the Allegation:

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

The Applicant alleges that the Member contravened the following sections of the *Municipal Conflict of Interest Act* (check all that apply):

- Section 5 Section 5.1 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*.

[Set out the statements of facts in consecutively numbered paragraphs in the space provided on page 2, with each paragraph being confined as far as possible to a particular statement of fact. If you require more space, use the attached Schedule A]

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Reasons:

Please read the following before signing:

If the Integrity Commissioner launches an inquiry into an allegation, the content of this form, including the Applicant's identity, may be shared with the Member who is the subject of the allegation. Information on this form and information obtained during the inquiry, including the identities of the parties involved, may be disclosed in the Integrity Commissioner's published reasons at the end of the inquiry and may 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 provided.

I the undersigned, make application to the Integrity Commissioner for the City of Pickering, for an inquiry to be carried out concerning the alleged contravention as contained in this application:

Signature of Applicant

Date

Note: The statutory declaration on page 4 is a mandatory part of the application and required under the *Municipal Act*. It must be declared before a person authorized to take declarations in Ontario (including any Ontario lawyer).

Personal Information on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to consider and potentially conduct an inquiry into the details of the application. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON, L1V 6K7, 905.420.4611.

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Schedule A – Continued Information

Application for inquiry, alleged contravention of the *Municipal Conflict of Interest Act*
_____ (insert name of applicant)

Signature of Applicant

Date

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DECLARATION

Required by subsection 223.4.1 (6) of the *Municipal Act, 2001*

I, _____, (insert full name), of the
_____ (city, town, etc.) of _____ (specify
municipality) in the Province of _____ (enter country if outside Ontario)
solemnly declare that:

- 1. I am the Applicant.
- 1. The Applicant is a corporation and I am its authorized representative.

(Strike out the line above that does not apply and initial the striking out)

- 2. 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.
- 2. [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.

(Strike out the paragraph above that does not apply and initial the striking out)

- 3. 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 _____, 20__)
)
)
)

Applicant or Representative

A Commissioner, etc.