

## REQUEST FOR INVESTIGATION

### Code of Conduct for Members of Council and Local Boards / Committee Appointees (HR-017)

<b>Name of Requestor</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email Address</b>	
<b>It is an offence under the Criminal Code to knowingly swear/affirm a false affidavit.</b>	
I,	<i>(full name)</i>
of	<i>(municipality of residence)</i>
In the Province of Ontario, <b>MAKE OATH AND SAY</b> (or affirm)	
1. I have personal knowledge of the facts set out in this affidavit.	
2. I have reasonable and probable grounds to believe that:	
<i>(specify name of member of Council or local Board)</i>	
has contravened sections	<i>(specify)</i>
of the Code of Conduct for Members of Council and Local Boards.	
<b>Date of Incident:</b>	
<b>Time of Incident:</b>	
<b>Location of Incident:</b>	
Name(s), position, contact information (phone number or email address) of all Witnesses to the incident:	
a)	
b)	
c)	
d)	
3. This affidavit is made for the purpose of requesting that this matter be investigated and for no improper purpose.	
List of documents or records that are relevant to the requested inquiry (include document title and date).	

All documents or records considered relevant to the complaint or request for inquiry must accompany this request for investigation form.

SWORN (or affirmed before me at the  
Municipality of Wawa, in the District of  
Algoma, this        day of                    20

\_\_\_\_\_

A Commissioner, etc.

**Deliver request to:**

Municipal Clerk  
40 Broadway Avenue  
Wawa, ON P0S 1K0

**Along with applicable fee of:** \$ \_\_\_\_\_

For Office Use Only		
Date Received	File No.	Receipt No.

