COMPLAINT FORM MUNICIPAL INVESTIGATION

IN ACCORDANCE WITH Section 239 of the *Municipal Act 2001 (As Amended)*

PLEASE FORWARD COMPLETED FORMS, TOGETHER WITH CHEQUE IN THE AMOUNT OF \$125.00 (PAYABLE TO THE MUNICIPALITY OF SOUTH DUNDAS) TO:

Director of Corporate Services/Clerk 34 Ottawa Street KOC 1X0 (613) 543-2673

Section 239 – <u>Municipal Act, 2001</u> (As Amended)

COMPLAINANT 'S NAME			
Address			
TELEPHONE	Номе	Work	
E-MAIL		 · · · ·	

<u>PLEASE NOTE</u>: PERSONAL INFORMATION IS COLLECTED UNDER THE AUTHORITY OF SECTION 239 OF THE <u>MUNICIPAL ACT, 2001</u> (AS AMENDED) AND WILL BE USED BY THE MUNICIPAL INVESTIGATOR TO CARRY OUT AN INVESTIGATION UNDER THE ACT.

NAME OF MUNICIPALITY	
NAME AND DATE OF	
CLOSED MEETING	
MUNICIPAL CONTACT NAME	
TELEPHONE	

BACKGROUND	This should provide as much information as is required to explain the nature and background of the particular occurrence. (i.e.) Timing; Municipal Contact; Municipal Explanation.						

SUMMARY / COMMENTS		

Date of Signature

Signature of Complainant