

Application For a Compliance Audit

Section A: Information about Complainant

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name	First Name
Mailing Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Email:

Section B: Information about your Complaint

Candidate Name:	Office: <input type="checkbox"/> Councillor, Ward ____ <input type="checkbox"/> Mayor
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Please explain the reason you believe that the candidate named above has contravened the Municipal Elections Act, 1996 relating to Municipal Election campaign finances.

Additional Pages Attached: Yes No

This application will be shared with the Compliance Audit Committee, the Auditor chosen to investigate this application (if applicable), the Municipal Clerk and Council.

If the application is forwarded to an Auditor, where the Auditor's report indicates that there was no apparent contravention and the Election Compliance Audit Committee finds there were no reasonable grounds for the application, the Council or local board is entitled to recover the Auditor's costs from you.

By signing below, I declare that I am an eligible elector under the Municipal Elections Act, 1996. I also confirm that the information provided in this application is complete and accurate to the best of my knowledge.

Complainant Signature:	Date:
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Section C: For Office Use Only

Received By:	Date Filed:
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