

Requester Information

Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Cell phone: _____ Work number: _____

Email: _____

Please note that it is an offence under the Criminal Code of Canada to knowingly swear/affirm a false affidavit.

I, _____ *(full name)*

of _____ *(municipality of residence)*

in the province of Ontario make oath and say (or affirm)

1. I have personal knowledge of the facts as set out in this affidavit. Where my knowledge is based on the information of others, I have indicated the source of that information and believe it to be true.
2. I have reason to believe that Councillor _____ *(name of councillor)* has contravened the Code of Conduct for Members of Niagara Region Council, specifically section _____ *(specify section(s) of the Code of Conduct for Members of Council if able).*
3. Below or attached hereto as Exhibit "A" to this my Affidavit is a summary of the facts and relevant documentation (including information to support the claim made against the Member, including dates and locations and names and contact information for any witnesses of the event) which I believe constitutes a contravention of the Code of Conduct.

4. This Affidavit is made for the purpose of requesting that this matter be investigated and for no other or improper purpose.

Sworn / Affirmed before me at the:

_____ (city, town, or township)

of: _____ (municipality)

in the Regional Municipality of Niagara this

_____ day of _____ (month), 20_____

Declarant's Name: _____

Declarant's Signature: _____

Commissioner's Name: _____

Commissioner's Signature: _____

Please ensure copies of Exhibit "A" and all relevant documents are attached.

Please deliver this Request for Investigation / Affidavit to:

Regional Clerk, Niagara Region

1815 Sir Isaac Brock Way, PO Box 1042

Thorold, ON L2V 4T7