



REQUEST FORM MUNICIPAL CLOSED MEETING INVESTIGATION

In Accordance with
Section 239 of the *Municipal Act 2001, as amended*

Please Forward Completed Forms to:

Amberley Gavel Ltd.
35 Ambleside Drive,
London ON, N6G 4M3
1-866-535-8079

Or

Town of Collingwood
ATTN: Sara Almas, Clerk
PO Box 157, 97 Hurontario Street
Collingwood, ON L9Y 3Z5

Please mark envelope: 'Personal and Confidential – Complaint under Section 239 of the Municipal Act'



**REQUEST FORM FOR
MUNICIPAL CLOSED MEETING INVESTIGATION**
Section 239 – *Municipal Act 2001, as amended*

Requestor's Name			
Address			
Telephone	Home		Work
E-mail			

Do you consent to having your identity revealed during the investigation? Yes [] No []

Notice with respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information is collected under the authority of the *Municipal Act 2001, as amended*, and will be used by the Municipal Investigator and the municipality to carry out an investigation under the *Act*.

Name of Municipality	
Date of Closed Meeting	
Municipal Contact Name	
Telephone	

Background	This should provide as much information as required to explain the nature and background of the particular occurrence. (ie) timing, municipal contact, municipal explanation.



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Action	
a. Have you approached municipal staff to resolve this matter? Yes [] No []	
If yes, who?	Date of contact:
b. Other activities that the requestor has undertaken to resolve the matter:	

Summary/Comments

<input type="checkbox"/> FEE ENCLOSED: \$5 (Five Dollars) CHEQUE PAYABLE TO THE TOWN OF COLLINGWOOD
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_____ Date

_____ Signature of Requestor