



REQUEST FORM FOR MUNICIPAL CLOSED MEETING INVESTIGATION

Section 239 Municipal Act, 2001, as amended

Requestor's Name			
Requestor's Address			
Telephone	Home	Work/Cell	
Email Address			

Do you consent to having your identity revealed during the investigation?	
YES	NO

Name of Municipality Date of Closed Meeting Municipal Contact Name Phone Number of Municipal Contact	
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Background of Incident (This should contain as much information as possible to explain the nature and background of the particular incident in question.)

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 Section 23 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.

ACTION		
A. Have you approached Municipal Staff about this incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Municipal Staff Member		
Has the incident been resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who?	Date of Resolution:	
B. Other activities that the requestor has undertaken to resolve the matter:		

SUMMARY / COMMENTS:

Date

Signature of Requestor

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