



Request Form

Municipal Closed Meeting Investigation

In Accordance with
Section 239.1 of the *Municipal Act 2001, as amended*

Please Forward Completed Forms to:

Amberley Gavel Ltd.
35 Ambleside Drive
London, ON N6G 4M3

Or

Township of Oro-Medonte
148 Line 7 South
Oro-Medonte, ON L0L 2E0
Attention: Clerk

Please mark Envelope:

- Personal and Confidential
- Complaint Under Section 239.1 of the Municipal Act 2001, as amended

**Request Form For
Municipal Closed Meeting Investigation**
Section 239.1 – *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 Section 239.1 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	Township of Oro-Medonte
Municipal Contact Name	Doug Irwin, Director, Legislative Services/Clerk
Telephone	705-487-2171
Date of Closed Meeting	

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.

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

Summary/Comments

_____ Date

_____ Signature of Requestor