

Requester Information

Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Contact phone number: _____

Email: _____

AFFIDAVIT OF _____

I, _____ (full name), of the (City, Town, or Township) 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, because (insert reasons e.g. I work for... I attended a meeting at which... etc.)

2. I have reasonable and probable grounds to believe that: _____ (specify name of Member) a member of the Council or Local Board(s) of Niagara Region, has contravened section(s) _____ (specify section(s)) of the Code of Conduct for Members of Council and Local Boards of Niagara Region. The particulars of which are as follows:

(Set out the summary of facts and/or information to support the claim, dates, location, names and contact information for any witnesses. If you wish to include exhibits to support this complaint, please refer to the exhibits as Exhibit A, B etc. and attach them to this affidavit.)

This affidavit is made for the purpose of requesting that this matter be reviewed and/or investigated by Niagara Region's appointed Integrity Commissioner and for no other or improper purpose.

SWORN/AFFIRMED before me at the _____ (City, Town etc. of),
in the Regional Municipality of Niagara on _____ (date)

(Declarant's Name:)

(Declarant's Signature:)

(Commissioner's Name:)

A Commissioner for taking affidavits etc.

(Commissioner's Signature:)

Please note that signing a false affidavit may expose you to prosecution under ss. 131 and 132 or 134 of the *Criminal Code*, R.S.C. 1985, c. C-46 and also to civil liability for defamation.