



MUNICIPALITY OF STRATHROY-CARADOC

**REQUEST FORM FOR A
CLOSED MEETING INVESTIGATION**

IN ACCORDANCE WITH
Section 239 of the Municipal Act, 2001 (as amended)

PLEASE FORWARD COMPLETED FORM TO:

MUNICIPAL CLERK
MUNICIPALITY OF STRATHROY-CARADOC
52 FRANK STREET
STRATHROY ON N7G 2R4

REQUEST FORM FOR A CLOSED MEETING INVESTIGATION
Section 239 – Municipal Act, 2001 (as amended)

NAME OF PERSON MAKING REQUEST		
ADDRESS		
TELEPHONE	HOME:	WORK:
E-MAIL		

PLEASE NOTE: PERSONAL INFORMATION IS COLLECTED UNDER THE AUTHORITY OF SECTION 239 OF THE MUNICIPAL ACT, 2001 (AS AMENDED) AND WILL BE USED BY THE MUNICIPAL INVESTIGATOR TO CARRY OUT AN INVESTIGATION UNDER THE ACT.

NAME OF MUNICIPALITY	
DATE OF CLOSED MEETING	
MUNICIPAL CONTACT NAME	
TELEPHONE	

BACKGROUND	This section should provide as much information as is required to explain the nature and background of the particular occurrence (i.e. Reason provided for closed meeting session; Reason for complaint; Municipal Contact; Municipal Explanation)

ACTION	Any activities that the complainant has undertaken to resolve the matter

SUMMARY/ADDITIONAL COMMENTS

Date of Signature

Signature of Applicant