















APPLICATION FOR AN ELECTION COMPLIANCE AUDIT

Applicant Information			
Last Name	First Name		
Mailing Address	City/Town	Postal Code	
Address or Description of Property that Qualifies the Applicant as an Elector in the			
Municipality			
Email Address	Business Phone	Home Phone	
Email Address	business Phone	nome Phone	
Requesting a Compliance Audit of the Campaign Expenses of:			
Candidate's Last Name		didate's First Name	
Name of the Office for Which the Candidate Sought Election			
Name of the Office for Which the Candidate Sought Election			
Filing Date of Candidate's Financial Statement			
Day	Month	Year	
Reasons for Compliance Audit In the area below, provide the reason(s) why you believe the candidate named above has			
contravened the Municipal Elections Act, 1996 relating to campaign finances. (Attach additional			
pages if necessary).			

namely a person who:	
,	elieving that the candidate has contravened the relating to the candidate's election campaign finances
Date	Signature of Applicant

Distribution

This application will be shared with the Clerk, the candidate, the Joint Compliance Audit Committee, the auditor chosen to investigate this application (if applicable), and will be posted on the Town/Township/County's website. If this application is forwarded to an auditor and the auditor's report concludes that there was no apparent contravention of the Municipal Elections Act and the Joint Compliance Audit Committee finds there are no reasonable grounds for this application, Council is entitled to recover the auditor's costs from you.

Personal information contained on this form is collected under the authority of the Municipal Elections Act, 1996. The information will be used to respond to your application for a compliance audit. Pursuant to s. 88 of the Municipal Elections Act, 1996, this document is a public record, despite anything in the Municipal Freedom of Information and Protection of Privacy Act, and until its destruction, may be inspected by any person at the Clerk's Office at any time when the office is open. Questions about this collection can be directed to Nina Lecic, Deputy Clerk, 7404 Wellington Road 34, Puslinch ON NOB 2J0, 519-763-1226 nlecic@puslinch.ca