



TOWNSHIP OF  
**PUSLINCH**  
EST. 1850

**Township of Puslinch**  
7404 Wellington Road 34  
Puslinch, ON, N0B 2J0  
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[www.puslinch.ca](http://www.puslinch.ca)

## Compliance Audit Request Form

### Applicant Information:

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Details:

Name of Candidate: \_\_\_\_\_

Date of Candidates Financial Statement under Section 78 of the Act:

\_\_\_\_\_

Please explain reasons for your belief that an audit is required (attach separate sheet if required).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office use only:**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Request Number: \_\_\_\_\_

Confirmation that application is made within prescribed timeframe (Section 81(3) \_\_\_\_\_  
of Municipal Elections Act)

Last day to forward to Committee (10 days after receipt): \_\_\_\_\_

Committee meeting date and decision (within 30 days of receiving the application):  
\_\_\_\_\_

**Personal information on this form is collected under the authority of the Municipal Elections Act and will be used for the purpose of a Compliance Audit Committee review and is maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information may be directed to the Township Clerk's office.**

**The Township of Puslinch is committed to providing accessible formats and communication supports for people with a disability. If another format would work better for you, please contact the Township Clerk's office for assistance.**