

Township of Puslinch

7404 Wellington Road 34

Puslinch, ON, N0B 2J0

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www.puslinch.ca

Election Compliance Audit Request Form

Applicant Information:

First Name: _____

Last Name: _____

City: _____

Street Number: _____

Street Name: _____

Postal Code: _____

E-mail Address: _____

Phone 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).

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

Signature

For Office use only:

Date Received: _____

Received by: _____

Request Number: _____

Confirmation that application is made within 90 days of candidate's submission:

Last day to forward to Committee/Council (10 days after receipt): _____

Committee Meeting Date (within 30 days of receiving the application):

Personal information contained on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purpose of Municipal Elections Compliance Audit Committee review. Questions about this collection should be forwarded to the Municipal Freedom of Information Coordinator at 7404 Wellington Rd. 34, Puslinch ON N1H 6H9, (519) 763-1226.