

Application for Inquiry Alleged Contravention of the Municipal Conflict of Interest Act

For Municipal Conflict of Interest Act applications pursuant to section 223.4(1) of the Municipal Act, 2006 about Members of City Council and local boards (restricted definition).

Requests for an Alternative Format

To request the form in an alternative format, please contact the Office of the City Clerk at clerks@stcatharines.ca or call 905.688.5601 ext. 1517.

Collection of Personal Information

Personal information on this form is collected under the authority of the Municipal Act 2001, and will be used for the collection, administration, and investigation of alleged contraventions of the Municipal Conflict of Interest Act. Questions about this collection should be directed to the Office of the City Clerk, P.O. Box 3012, 50 Church Street, St. Catharines, ON, L2R 7C2, 905.688.5601 ext. 1517, clerks@stcatharines.ca

Submitting Your Completed Form

Before submitting this form, Part 3 must be signed in front of a Commissioner for Taking Affidavits (also referred to as a Commissioner of Oaths). The form can either be commissioned by the Clerk's Office or you can have the completed form commissioned elsewhere and submit the completed and commissioned form to the Clerk's office.

Submit your completed form to:

St. Catharines City Hall
Third Floor - Office of the City Clerk
50 Church Street
St. Catharines, ON L2R 7C2

Part 1 - Contact Information

First Name *

Last Name *

Address *

City *

Province *

Postal Code *

Email Address

Phone Number

Select one of the following three options:

I am the Applicant

The Applicant is a corporation and I am its authorized representative

The Applicant is a corporation and I am not its authorized representative

If the Applicant is a corporation and you are are not its authorized representative, please identify the first and last name of the authorized representative

Do you reside, own or rent a property in the City of St. Catharines and are you a Canadian citizen of at least 18 years old and not prohibited from voting thereby qualifying as an Elector in St. Catharines (Section 17 Municipal Elections Act, 1996)? *

Yes

No

If you answered “No”, please explain why in submitting this application you believe you are demonstrably acting in the interest of the public?

Part 2 - Description of the Alleged Contravention

Please provide the first and last name of the member who you believe has contravened the Municipal Conflict of Interest Act.

Please indicate if the person is a member of St. Catharines City Council or a member of a local board (restricted definition)

Name of local board (if applicable)

Member of St. Catharines City Council

Member of a local board

What section(s) of the Municipal Conflict of Interest Act do you believe were contravened? Select all that apply.

- The member participated in the discussion and/or voted about a matter in which the member has a direct or indirect pecuniary interest. (Section 5)
- The member failed to file a written statement of declared interest. (Section 5.1)
- The member used their office to attempt to influence a decision or recommendation of an officer or employee of the City and/or the board about a matter in which the member has a direct or indirect pecuniary interest. (Section 5.2)

I am making this application to request that the Integrity Commissioner conduct an investigation into a possible contravention of the Municipal Conflict of Interest Act

Yes

No

I also intend to file a complaint regarding a possible contravention of the applicable Code of Conduct in relation to this matter.

Yes

No

Select one of the following two options:

- I attest to the fact that the Applicant became aware of the Member's alleged contravention of the Municipal Conflict of Interest Act not more than six weeks before today;
- (During a regular election) I attest to the fact that the Applicant became aware of the Member's alleged contravention of the Municipal Conflict of Interest Act within the period of time starting six weeks before nomination day for a regular election and ending on voting day in a regular election (must apply within six weeks after the day after voting day in a regular election)

Description of the Alleged Contravention Continued

In the space below, please describe why you believe this member has contravened the Municipal Conflict of Interest Act. In your description, please include details of:

- What specific actions or conduct, based on the boxes you checked above, you believe have contravened the Municipal Conflict of Interest Act.
- The places, dates and times of when these things took place.
- The names of persons who have been affected or have information about what took place.
- How you learned of these things.
- Anything else that you believe is relevant.

Support Documents

If you have documents or other materials that support your allegation, please refer to them in your description and attach them to this form when you submit the form.

I have attached supporting records and/or additional pages.

Yes

No

Description of the Contravention of the Municipal Conflict of Interest Act

Part 3 - Statutory Declaration

Important - Read the following before submitting

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Important - Read the following before signing

If the Integrity Commissioner launches an inquiry into an allegation, the content of this form, including the Applicant's identity, may be shared with the Member who is the subject of the allegation. Information on this form and information obtained during the inquiry, including the identities of the parties involved, may be disclosed in the Integrity Commissioner's published reasons at the end of the inquiry and may be disclosed in an application to the Superior Court. Only sign this application form if you understand and accept the potential for disclosure of your identify and the information provided.

I, _____(name of the declarant) , solemnly declare that the information I have provided in the application is true and correct to the best of my belief and knowledge, and knowing that this declaration is of the same force and effect as if made under oath.

Signature of Applicant

Date

Declared before me at the (City, Town, etc.) of _____ in the Province of _____, this ____ (day) of _____ (month) , 20 ____ (year).

Signature of Commissioner for Affidavits

Stamp of Commissioner for Affidavits

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.