



APPLICATION FOR COMPLIANCE AUDIT

APPLICANT INFORMATION

Name of Applicant _____

Applicant's Full Qualifying Address within Municipality _____

Mailing Address, if different than qualifying address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

COMPLIANCE AUDIT OF ELECTION CAMPAIGN FINANCES REQUESTED OF

Name of Candidate or Registered Third Party _____

Candidate for the office of _____

Filing Date Financial Statements _____

REASONS FOR AUDIT REQUEST

In the area below, provide the reason(s) that you believe the Candidate or Registered Third Party named above has contravened the *Municipal Elections Act, 1996, relating to campaign finances*. (Attach additional sheets if necessary)

I confirm that the information provided in this application is complete and accurate to the best of my knowledge and that I am presently, legally entitled to vote in a municipal election in the municipality.

Date

Signature of Applicant

Received By

Date

In accordance with Section 88(5) of the *MEA*, this form contains information collected and maintained specifically for the purpose of creating a record available to the general public and may be inspected by any person at the Clerk's Office at any time when the office is