



The Corporation of the Town of New Tecumseth
CLOSED MEETING INVESTIGATION REQUEST FORM

Name:	
Address:	
Telephone:	Email:
Do you consent to having your identity disclosed? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	

Date and Type of Meeting:

Reason for Request: (If more space is required, additional information may be attached)
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Additional comments:

Once completed, this form is to be placed in a sealed envelope and identified as a complaint under s. 239.1 of the Municipal Act and submitted directly to the Clerk or the Closed Meeting Investigator or e-mailed directly to Closed Meeting Investigator. E-mailed copies of the complaint will not be accepted by the Clerk as the information is to remain confidential.

Signature:	Date:
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Note: Personal information is collected under the authority of section 239.1 of the *Municipal Act, 2001* and may be used to review the request and/or carry out an investigation under the statute.