

APPLICATION FOR COMPLIANCE AUDIT

APPLICANT INFORMATION

Name of Applicant _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

State the address or description of property that qualifies the applicant as an elector in the Municipality of Huron East (if different from mailing address)

COMPLIANCE AUDIT OF ELECTION CAMPAIGN FINANCES REQUESTED OF

Name of candidate _____

Candidate for the office of _____

Date for election of the office _____

GROUND FOR AUDIT REQUEST

I, the undersigned applicant, an elector who is entitled to vote in the municipal election, have reasonable grounds for believing that the candidate has contravened a provision of the *Municipal Elections Act, 1996 (MEA)* relating to election campaign finances.

The reasonable grounds are (specify sections of the *MEA*) (attach additional sheets if necessary)

I believe the facts and information submitted above to be true, and I hereby request a compliance audit of the candidate's election campaign finances.

Date

Signature of Applicant

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 open.