



The Corporation of the Township of Uxbridge
51 Toronto Street S., Uxbridge, ON L9P 1T1

Application for a Municipal Election Compliance Audit

(Municipal Elections Act, 1996 c.32, Schedule, s. 88.33 or 88.35)

Name of Applicant _____

Qualifying Address _____
(state location or description of property that qualifies the applicant as an elector)

Mailing Address _____

Postal Code

Telephone # _____

E-mail Address _____

Requesting Compliance Audit of Election Campaign Finances of:

Name of Candidate _____ Candidate for Office of _____

Name of Third Party Advertiser _____

Date of Election for the Office October 26, 2026

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

The reasonable grounds are: *(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 or Third Party Advertiser's campaign finances.

Date

Signature of applicant

APPLICATION FOR A MUNICIPAL ELECTION COMPLIANCE AUDIT

GENERAL INFORMATION FOR APPLICANTS

This application will be shared with the Election Compliance Audit Committee, the Auditor chosen to investigate this application (if applicable), the Township Clerk, or designate, and Council. This information is collected under the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56, governing the collection, use and disclosure of personal information.

If this application is forwarded to an auditor and the auditor's report indicates that there was no apparent contravention and the Election Compliance Audit Committee finds there were no reasonable grounds for the application, the Township of Brock is entitled to recover the Auditor's costs from the applicant.

For further information, please contact:

Clerk's Department
51 Toronto Street S.
Uxbridge, Ontario
L9P 1T1
clerks@uxbridge.ca

Telephone: (905) 852-9181

Date Application Received _____

(Staff initial) _____