

COMPLAINANT INFORMATION
Complainant Name:
Complainant Address:
Telephone Number(s) – Home: Work:
Email:
Name of Municipality:
Date of Closed Meeting:
Municipal Contact Name:
Telephone Number:
BACKGROUND This should provide as much information as is required to explain the nature and background of the particular occurrence, (i.e. Reason provided for closed meeting session; Reason for Complaint; Municipal Contact; Municipal Explanation).

Any activities that the complainant has undertaken to resolve the matter.

SUMMARY/ADDITIONAL COMMENTS

SIGNATURE OF COMPLAINANT:	DATE:

PLEASE RETURN THE CLOSED MEETING INVESTIGATION REQUEST FORM TO:

Township of Uxbridge – Clerk's Department Attention: Clerk 51 Toronto Street South, Uxbridge, ON L9P 1T1

Tel: 905-852-9181 EXT. 228 Email: dleroux@uxbridge.ca

This form may contain "Personal Information" as defined under the Municipal Freedom of Information and Protection of Privacy Act and is collected pursuant to the Municipal Act, 2001, as amended. It will be used by the Township of Uxbridge to process this application and names, telephone numbers and email addresses will be used to facilitate contact as indicated above. Questions about collection of this information can be directed to the Clerk of the Township of Uxbridge, 51 Toronto Street South, Uxbridge, ON L9P 1T1 905-852-9181, ext. 228.