**Appendix A to By-law 2021-07**

**Disclosure Statement Form**

**Council Code of Conduct**

**Township of East Hawkesbury**

Part 5 of the Council Code of Conduct regarding the acceptance of gifts and benefits requires Members of Council to disclose the receipt of certain gifts and benefits if the dollar value of a single gift or benefit exceeds $100 or if the total value of gifts and benefits received from one source in a calendar year exceeds $100. This Disclosure Statement is to be used to report on such gifts and benefits and shall be filed with the Clerk of the United Counties of Prescott and Russell within 30 days of receipt of such gift or benefit, or upon reaching the annual limit. Disclosure Statements like this one are a matter of public record.

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| Nature of Gift or Benefit received: |
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|  |
| Source of Gift or Benefit: |
|  |
|  |
|  |
| Circumstances under which Gift or Benefit was received: |
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|  |
|  |
| Estimated Value of Gift or Benefit ($): |
|  |
|  |
|  |
| Date Gift or Benefit was received: Choose date |
|  |
| Signature of Member: Date: Choose date |
|  |
| Date on which the Statement is received by the Clerk: Choose date |

**Appendix B to By-law 2021-07**

**Formal Complaint Form/Affidavit**

**Council Code of Conduct**

**Township of East Hawkesbury**

Affidavit of  (full name)

I,  (*full name*), of the  (*City, Town, etc.*), in the  (*Municipality*), in the Province of Ontario.

|  |
| --- |
| Make oath and say (or affirm): |
| 1. I have personal knowledge of the facts as set out in this Affidavit, because |
|  |
|  |
| *(Insert reasons e.g., I work for… I attended a meeting at which … etc.)* |
| 2. I have reasonable and probable grounds to believe that a Member of Council of the Township of East Hawkesbury (*specify name of Member*) has contravened section(s)  (*specify section(s)*) of the Council Code of Conduct of the Township of East Hawkesbury. The particulars of which are as follows: |
| (*Set out statements of facts in consecutively numbered paragraphs in the space below, with each paragraph being confined as far as possible to a particular statement of facts. If you require more space, please use the attached Schedule “A” Form and check the appropriate box below. If you wish to include exhibits to support this complaint, please refer to the exhibits as Exhibit A, B, etc. and attach them to this Affidavit.) 󠇯* |
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| **(Please see the attached Schedule “A”) 󠇯** |
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| 3. This Affidavit is made for the purpose of requesting that this matter be reviewed by the Township of East Hawkesbury appointed Integrity Commissioner and for no other purpose. |
|  |
| Sworn or solemnly affirmed before me |
| at  (*City, Town, etc.*), in |
| the Province of Ontario on Choose date. |
|  |
| *(Signature)* |
|  |
| *(Signature of Commissioner)*  A Commissioner for taking affidavits, etc. |
| *Please note that signing a false Affidavit may expose you to prosecution under sections 131 and 132 or 134 of the Criminal Code, R.S.C. 1985, c. C-46 and also to civil liability for defamation.* |

**Schedule “A”**

**Additional Information Form**

**Council Code of Conduct**

**Township of East Hawkesbury**

Additional Information—Formal Complaint Form/Affidavit

(If more than one page is required, please copy this blank page and mark each additional page as 1 of 3, 2 of 3, etc. at the top right corner.)

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| Sworn or solemnly affirmed before me |
| at  (*City, Town, etc.*), in |
| the Province of Ontario on Choose date. |
|  |
| *(Signature)* |
|  |
| *(Signature of Commissioner)*  A Commissioner for taking affidavits, etc. |

**Appendix C to By-law 2021-07**

**Request for Advice Form**

**Council Code of Conduct**

**Township of East Hawkesbury**

Name of Member: 

Telephone No.: 

Email Address: 

Advice Requested: (Please provide as many details as possible. Attach additional pages if required.)

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| Signature of Requester: Date: Choose date |
| Signature of Integrity Commissioner: |
| Date received by Integrity Commissioner: Choose date |