



# Municipal Election Compliance Audit Request Application

Submit completed application to:

Municipal Clerk, Municipality of Clarington, 40 Temperance Street, Bowmanville, ON, L1C 3A6 or to [votes@clarington.net](mailto:votes@clarington.net).

If you require this form in an alternative format contact the Municipal Clerk at [clerks@clarington.net](mailto:clerks@clarington.net).

Part 1: Applicant		
Last Name or Single Name (if legally registered single name):		
First Name:		
Qualifying Address in Clarington:	Unit:	Postal Code:
Email Address:	Phone No:	

Part 2: Candidate (if applicable)	
Name of Candidate:	
Office of:	
Date Financial Statement Filed (if applicable):	
Part 3: Registered Third Party Advertiser (if applicable)	
Name of Registrant (individual, trade union, or corporation):	
Name of Official Representative (person signing on behalf of trade union or corporation):	
Date Financial Statement Filed (if applicable):	

#### Part 4: Reason for Compliance Audit Request

Outline the reason(s) for submitting an application for request of a compliance audit. Be specific and provide examples if appropriate.

I \_\_\_\_\_ swear/affirm that I was entitled to vote in Clarington's Municipal Election; I believe on reasonable grounds, as stated above, that a candidate OR Registered Third Party Advertiser has contravened the Municipal Elections Act relating to election campaign finances; and request that a compliance audit be conducted.

Signature

Date

Personal information on this form is collected under the authority of the Municipal Elections Act and will be made available to the public through the public meeting process. Questions about this collection of personal information should be directed to the Municipal Clerk, 40 Temperance Street, Bowmanville, ON, L1C 3A6, 905.623.3379 or [clerks@clarington.net](mailto:clerks@clarington.net).

Date Request Received by Municipality: