



Request Form for Closed Meeting Investigation

Section 239 – *Municipal Act, 2001*, as amended

Date Stamp – Request Received by
Municipality

Completed applications must be submitted to the Office of the Town Clerk, Town of Whitby, 575 Rossland Road East, Whitby, ON, L1N 2M8.

Part 1: Requestor

Name:

Address:

Unit No:

City:

Postal Code:

Email Address:

Phone No:

Do you consent to having your identity revealed during the investigation? Yes No

Part 2: Meeting Particulars

Name of Municipality:

Date of Closed Meeting:

Part 3: Background

Please provide as much information as possible to explain the nature and background of the particular occurrence. (ie: timing, municipal contact, municipal explanation)

Part 4: Action

Have you approached municipal staff to resolve this matter? Yes No

If yes, who?:

Date of contact:

Other activities that the requestor has undertaken to resolve the matter:

Any other information deemed relevant by the requestor:

Signature of Requestor

Date