



Request for Investigation of Closed Meeting LAS

In Accordance with Section 239 (3.1) of the *Municipal Act, 2001*, as amended

Please forward completed form in a sealed envelope marked "Private and Confidential"

to: Town of Parry Sound, 52 Seguin Street

Parry Sound, Ontario P2A 1B9

Attention: Town Clerk

*Indicates Required Information

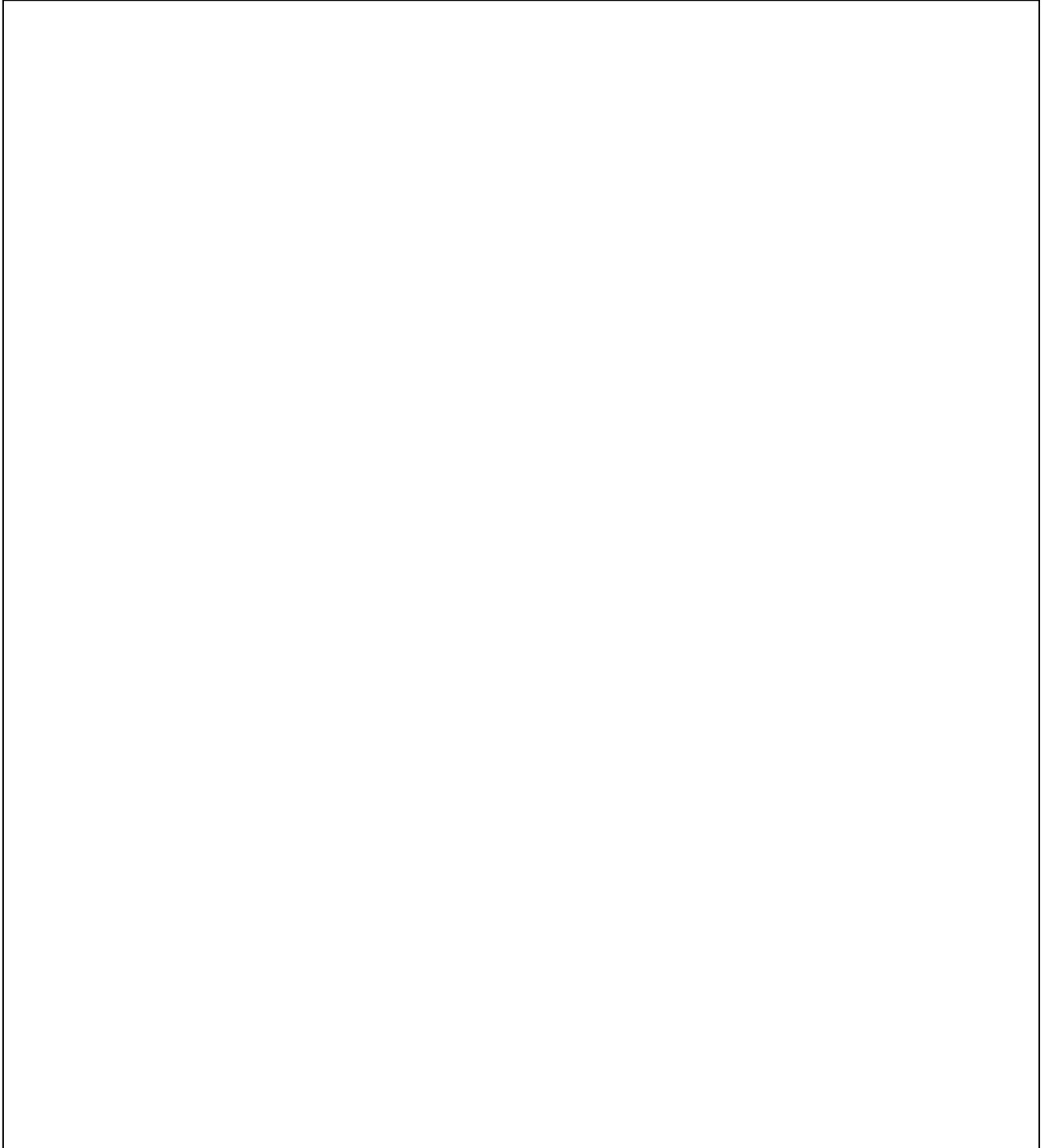
Name of Municipality:	Parry Sound
* Your Name:	
* Mailing Address:	
Postal Code:	
* Telephone:	
Email Address:	

Closed Meeting under Consideration:

* Date of meeting:	
Time of meeting:	
* Meeting subject:	

*** Nature and Background:**

Provide as much information as required to explain the reason provided for the closed meeting.

A large, empty rectangular box with a thin black border, intended for the user to provide the required information regarding the nature and background of the closed meeting.

*** Action:**

Provide information about any activities (if any) you have undertaken to try and resolve the matter.

*** Summary:**

Add any other information that may have relevance to this matter.

* **Date of request for investigation:** _____

* **Your Signature:** _____

Your personal information is confidential, and will be shared with meeting investigator(s). This information is collected under the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, C. 56, governing the collection, use and disclosure of personal information.

Contact: Administration Department, 705-746-2101 Ext. 224

Clerks Department Use Only

Date requested received: _____

- Certified copy of Meeting agenda (staff initials) _____
- Certified copy of Meeting minutes (staff initials) _____
- Certified copy of current procedural by-law (staff initials) _____
- Certified copy of notice (staff initials) _____
- Copy of other relevant information (staff initials) _____
- All information forwarded to LAS (Amberley Gavel) Date: _____

(Clerks Initials) _____