REQUEST FOR CLOSED MEETING INVESTIGATION

Pursuant to section 239.1 of the *Municipal Act*, 2001 regarding a meeting or part of a meeting that was closed to the public.

Name:			
Address:			
Telephone:	E-mail Address:		
Note: Please note that personal information is collectory out an investigation under the statute.		tion 239.1 of the <i>Municipal Act, 2001</i> and n	nay be used by the closed meeting investigator to
Name of Municipality, Local Board or Committee:			
Date of Closed Meeting(s):			1
Reasons:			1
Note: Please provide detailed information relevant establish reasonable and probable grounds for Signature:	or an investigation. Additional p	ind and reasons for your request sufficient page(s) may be used if required. Date:	
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