



Tel: (519) 688-3009 Fax: (519) 842-9431

## **DECLARATION OF PECUNIARY INTEREST FORM**

Name:		
Position:		
Council Meeting Date:		
□Open □Closed		
I,Agenda Item No.:following reason(s):	d of the	eclare a Pecuniary Interest in regards to Agenda for the above noted meeting for the
To the best of my knowledge the information supplied above is correct and complete. I understand that it is my responsibility to declare any conflict of interest/loyalty, business or personal that relates directly or indirectly, to myself or any relation in any contract, proposed contract or other matter when present at a meeting of council where such contract or matter comes under consideration. I understand that I must withdraw from any meeting during the discussion of such contract or matter and must not vote in respect of it.		
Signature:		
Date:		
In the case of a Closed Meeting of Council, any member who has declared a Pecuniary Interest shall forthwith leave the meeting or the part of the meeting during which the matter is under discussion in accordance with the Town's Procedural By-Law.		
OFFICE OF THE CLERK		
Date Received:	. 20	Time Received: