

Town of Ajax Municipal Elections Application for a Compliance Audit

First Name: _____ Last Name: _____
Qualifying Address: _____
Mailing Address (if different): _____
Telephone Number: _____ E-Mail Address: _____

Full Name of Candidate or RTPA: _____
Office (if applicable): _____
Date of Financial Statement filed: _____
Note: You must complete one application per candidate or registered third party advertiser.

Reason(s) for requesting a compliance audit. (Attach additional pages if you need more space)

I believe the facts and information submitted above to be true, and I hereby request a compliance audit of the candidate's/RTPA's election campaign finances.

Signature of Applicant

Date

Collection and Use of Personal Information Statement

Personal information on this form is collected under the authority of the *Municipal Elections Act, 1996* and will be made available to the public through the public meeting process. By completing this form, you consent to the disclosure of any personal information provided on this form to the members of the Compliance Audit Committee and candidate subject to this application. Questions about this collection can be made to the Town of Ajax Records & FOI Coordinator, 905-619-2529 ext. 3343