



Declaration of Interest Municipal Conflict of Interest Act

Agenda:

Council Committee of the Whole

Details:

Subject matter:

Communication number / deputation:

Date of meeting:

Application signature / certification:

I, Mayor/ Regional Councillor / Councillor

declare a potential (deemed / direct / indirect) pecuniary interest on Council /

Committee communication number

subject matter

for the following reason:

I AM CHAIR OF THE BROCK COMMUNITY HEALTH CENTRE, A PARTNER IN THE PROGRAMME

Councillor signature:

Councillor name:

For an "indirect pecuniary interest" see Section 2 of the *Municipal Conflict of Interest Act*.

For a "deemed" direct or indirect pecuniary interest see Section 3 of the *Municipal Conflict of Interest Act*.