

## Application Form for Compliance Audit:

First Name	
Last Name	
Mailing Address	
City	
Postal Code	
Phone Number	
Email Address	_
Reasons for compliance audit:	
In the area below, provide the reason(s) that you believe the Third Party named above has contravened the Municipal Electrompaign finances. (Attach additional sheets if necessary)	ctions Act, 1996 relating to

Please forward all applications to:

Township of Lanark Highlands Amanda Noel, Clerk 75 George St. Lanark, ON, KOG 1K0 <a href="mailto:lhclerk@lanarkhighlands.ca">lhclerk@lanarkhighlands.ca</a> 613-259-2398 x 231