# City of Orillia
# Closed Meeting Investigation Request Form

Please print clearly and provide as much detail as possible. Personal information is collected under the authority of Section 239.1 of the *Municipal Act, S.O. 2001*, c.25, in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, *R.S.O. 1990 c. M.56.,* and will be used for the purpose of carrying out an investigation.

**Applicant Information:**

| | | | |
|---|---|---|---|
| Name | | | |
| Address | | | |
| City | | Postal Code | |
| Telephone | | Fax | |
| Cell Phone | | E-mail | |

**Details of the Closed Meeting:**

| | |
|---|---|
| Date | |
| Location | |

**Details of why this request is being filed:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

- ❑ Check here if additional information is attached

**Signature: _____ Date: _____**

Submit this application, along with any other pertinent information, to:
Office of the City Clerk
50 Andrew Street South, Suite 300
Orillia, ON L3V 7T5