

## Declaration of Pecuniary Interest

*Municipal Conflict of Interest Act*

Re: City of St. Catharines Agenda for: \_\_\_\_\_  
Board / Committee / Hearing / Task Force Name

Board Meeting

Date: \_\_\_\_\_

Committee / Task Force Meeting

Date: \_\_\_\_\_

Hearing

Date: \_\_\_\_\_

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Item No. on Agenda: \_\_\_\_\_

Item Title: \_\_\_\_\_

I, Member \_\_\_\_\_

declare a pecuniary interest on the Agenda Item listed above, for the following reason(s):

**(Identify General Nature of the Pecuniary Interest)**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

This Form, once completed and signed, is to be given to the Staff Liaison of the Board, Committee, Hearing or Task Force and will form part of the Registry required to be kept and made available to the public (except for Declarations made during a Closed Session Meeting).