



**Conflict of Interest Form
COUNTY OF MIDDLESEX
Council Code of Conduct**

Name of Member: _____

Telephone No.: _____

Email Address: _____

Date of Council meeting: _____

Agenda item number and name:

General Nature of the Conflict of Interest:

Signature of Council Member

Date Received by County Clerk

(Appendix D of the Code of Conduct for Members of Council and Local Boards for the Corporation of the County of Middlesex)