Declaration of Interest

Municipal Conflict of Interest Act

Meeting:
Committee Name or Council: COMMUNITY HEALTH SERVICE

Date of Meeting: APR 4/22

Details:
Subject Matter: DAY CARE

Report Number: 7.1.2

Applicant signature/certification:
I, Councillor ROB DEUTSCHMANN declare a ☐ deemed/ ☐ direct/ ☐ indirect pecuniary interest on Council/Committee report number 7.1.2 subject matter DAY CARE for the following reason:

MY SPOUSE IS THE SOLE SHAREHOLDER OF A CORPORATION THAT OPERATES A COMMERCIAL PROPERT WITH A WHOSE SOLE TENANT IS A DAYCARE OPERATOR

Councillor signature: ROB DEUTSCHMANN

Councillor name: (print): ROB DEUTSCHMANN

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.

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