

DISCLOSURE STATEMENT

INFORMATION TO BE COMPLETED BY COUNCIL MEMBER

Name: _____

Nature of Gift or Benefit: _____

Source of Gift: _____

Date of Receipt: _____

Estimated Value: _____

What do you intend to do with the gift? _____

Will the gift be left with the City of Windsor? _____

Any Additional Information:

NOTE: ANY DISCLOSURE STATEMENT IS A MATTER OF PUBLIC RECORD.

Signature: _____ Date: _____