



Conflict of Interest Form

Declaration of Interest

Municipal Conflict of Interest Act

MEETING DATE & TYPE:

Meeting Type: _____
(Committee/Council) Committee of Adjustment

Date of Meeting: December 15, 2020

SUBJECT MATTER:

Item Number on Agenda: A19-20

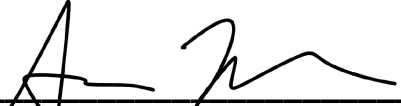
Item Title: Minor Variance - Hamilton Health Sciences Corporation

DECLARATION:

I, Adam Mottershead declare a potential (deemed/direct/indirect) pecuniary interest on the Agenda Item listed above, for the following reason(s):

(Nature of Conflict)

I am declaring a non-pecuniary interest in this matter as I am volunteering as a
Community Advisor (Planning) and providing input to the design team of the new
West Lincoln Memorial Hospital project.


Signature

December 2, 2020
Date

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*.