

**APPLICATION TO THE MUNICIPAL COUNCIL
OF THE
THE CORPORATION OF THE TOWN OF SPANISH
APPOINTMENT TO BOARDS AND COMMITTEES**

QUALIFICATIONS:

- Resident of the Town of Spanish
OR
- Owner or tenant of land in the Town of Spanish
OR
- the spouse or same-sex partner of such owner or tenant
- and* a Canadian citizen
- and* eighteen years of age or older

DATE: _____

NAME: Mrs./Mr./Ms. _____

ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

OCCUPATION: _____

HOME PHONE: _____ BUSINESS PHONE: _____

FAX NUMBER _____ EMAIL: _____

COMMITTEE OR BOARD TO WHICH YOU ARE SEEKING AN APPOINTMENT:

(If more than one, please list in order of preference).

1. _____

2. _____

3. _____

ARE YOU INTERESTED IN SERVING ON MORE THAN ONE COMMITTEE: ? _____

PLEASE STATE YOUR REASONS FOR SEEKING APPOINTMENT TO THIS PARTICULAR COMMITTEE/BOARD AND ANY ADDITIONAL INFORMATION THAT WILL BE HELPFUL TO COUNCIL IN ITS CONSIDERATION OF YOUR APPLICATION.

(Please attach a separate sheet if necessary)

Pursuant to Section 32 (b) of the *Municipal Freedom of Information and Protection of Privacy Act*, I consent to the disclosure of this information and any attachments to the Secretary and members of any Committee to which I am appointed.

Signature

Please return completed form to:

Pam Lortie, CAO
Town of Spanish
PO Box 70
8 Trunk Road
Spanish, Ontario P0P 2A0

Re: Committees

Phone: 705-844-2300
E-mail: info@townofspanish.com

PERSONAL INFORMATION COLLECTED ON THIS FORM WILL BE USED ONLY TO DETERMINE APPOINTMENTS TO BOARDS AND COMMITTEES. SUCCESSFUL APPLICATIONS WILL BE DISCLOSED TO THE COMMITTEE SECRETARIES TO PROVIDE BACKGROUND INFORMATION TO THE COMMITTEE.