

# Application for the Appointment to a Board or Committee

Personal information collected on this form is collected under the authority of the Municipal Act, 2001, as amended, for the purposes of reviewing this application. Questions regarding the collection of personal information should be directed to the Municipality of West Perth, 169 St.David Street, PO Box 609, Mitchell, ON N0K 1N0, telephone 519-348-8429 Clerk's Department.

## Applicant

**Last Name: \***

**First Name: \***

**Email**

**Phone Number: \***

**Street Number \***

**Street Name \***

**Ave./Street/Line**

**Direction**

**Town \***

**App/Unit Number**

**PO Box**

**Postal Code \***

**West Perth Resident: \***

Yes

No

**West Perth Property Owner: \***

Yes

No

**West Perth Business Owner: \***

Yes

No

**Are you 18 years of age or older? \***

Yes

No

**What time are you able to attend meetings? \***

Daytime

Evening

Daytime & Evening

**1st Choice of the Board or Committee(s) you are applying for:**

**2nd Choice of the Board or Committee(s) you are applying for:**

**Describe your previous experience serving on committees or boards in the community.**

**Explain how your appointment will benefit the board or committee.**

**Date \***

**Signature of Applicant \***

Thank you!

Your application has been submitted.