

**Application for Appointment**

**to The Corporation of The Township of Wilmot**

**Committees of Council**

“*Confidential”*

**Application Contact Information**

|  |  |
| --- | --- |
| Name: | |
| Address:  Postal Code: | |
| Home Telephone: | Secondary Phone: |
| Email Address: | |

**I am interested in the following committee(s)**

|  |  |
| --- | --- |
| Castle Kilbride Advisory Committee |  |
| Committee of Adjustment |  |
| Grand River Accessibility Advisory Committee |  |
| Heritage Wilmot Advisory Committee |  |
| Property Standards Committee |  |
| Dangerous Dog Designation Appeal Committee |  |

**Please indicate availability to attend meetings and other events (Please indicate yes or no)**

|  |  |
| --- | --- |
| During Business Hours |  |
| After Business Hours |  |
| Weekends |  |

**Have you previously served on a board, committee, utility, ratepayer group or other organization in any municipality? Please specify:**

|  |
| --- |
|  |

**Please identify the reasons for your interest in the above committee/s:**

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|  |

**Please provide any relevant experience or information that you think would be helpful to Council in making a decision to appoint you to a committee:**

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|  |

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Signature

Please **sign** this application form and deliver to:

Director of Clerk’s Services

Township of Wilmot

60 Snyder’s Rd. W.

Baden, ON

N3A 1A1

Fax: 519 634 5522 or email: [barb.mcleod@wilmot.ca](mailto:barb.mcleod@wilmot.ca)

*Personal information is collected under the authority of the Municipal Act for the purpose of making appointments to the Township of Wilmot Committees of Council. Questions about this collection should be directed to Barbara McLeod, Director of Clerk’s Services, 60 Snyder’s Rd. W. Baden On N3A 1A1, telephone (519) 634-8444 Ext. 228. Email: barb.mcleod@wilmot.ca*