THE CORPORATION OF THE TOWNSHIP OF MANITOUWADGE
APPLICATION FOR APPOINTMENTS TO THE
COMMUNITY REVITALIZATION ADVISORY COMMITTEE

Date: _____

Name: _____

Address: _____
(Street) (Box No.)

Telephone: _____

Email address: _____

REASON FOR SEEKING APPOINTMENT:

_____

_____

As per Council's direction, Committee Members shall be appointed from the following groups of residents. Please indicate which group your potential membership best represents (one only).

☐ Business Owner ☐ Community Member

ADDITIONAL INFORMATION WHICH MAY BE HELPFUL IN CONSIDERATION OF YOUR APPLICATION: (if more space is needed, please attach additional pages)

_____

_____

_____

NOTE: ALL APPLICANTS MUST BE ELIGIBLE MUNICIPAL ELECTORS IN THE TOWNSHIP OF MANITOUWADGE

Please return to:

Joleen Keough, Clerk
Township of Manitouwadge
1 Mississauga Drive
Manitouwadge, ON P0T 2C0
Email: clerk@manitouwadge.ca