## Township of Adjala-Tosorontio Application for Advisory Committees & Other Boards



Name:					
Address:					
Phone:	Email:				
Do you live, work, or ow	n a property or bus	siness in tl	he Township	of Adjala-Tosorontio?	
Yes	No No				
Please indicate the Compreference (ex. 1st choice		ards you a	are intereste	d in, noting	
Cemetery Board			-		
Committee of Adjustment		-			
Livestock Evaluators			_		
Line Fence Viewers			_		
Property Standards C	ommittee		-		
Have you previously ser If so, please list them be		o of Adjala	a-Tosorontio	Committee of Board?	
Committee/Board			Years of Service		

Please describe why yo	u want to serve on a co	mmittee, or board:		
What qualifications or experience would you bring to a committee or Board?				
Please describe any additional relevant information:				
Please attach a copy of your resume to this application. You may also include any additional information or supplemental documents you deem relevant. Please note all appointees must sign the Township's Council & Local Board or Advisory Committee Code of Conduct.				
The information on this application is gathered in accordance with the Municipal Act, S.O. 2001 c. 25. This application is to be considered confidential and used only by the Clerk for administrative purposes and will be distributed to Municipal Council for selection of members. All information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Individual Privacy Act, Chapter F.31, R.S.O., 1990. Any or all of the information contained on this form may be subject to disclosure under the Act if circumstances warrant.				
Signature of Applicant		Date		
Return Application to: Dianne Gould-Brown, Clerk Township of Adjala-Tosorontio 7855 Sideroad 30, Alliston ON L9R 1V1				
	Email: clerk@adjtos.c	a		

Late or incomplete applications will not be considered.