

GENERAL BOARD/COMMITTEE APPLICANT INFORMATION

CONTACT INFORMATION (please print):

Name: _____

Phone: _____

Mailing Address: _____

Email: _____

Committee(s) Applying for:

_____ Recreation Committee _____ Committee of Adjustment

Please Select if you are a new appointment or re-appointment:

_____ New Appointment _____ Re-Appointment

Eligibility:

_____ I am a Canadian Citizen (or landed immigrant)

_____ I am a resident of Alberton

_____ I am at least 18 years of age

Appointment to a Committee will require your attendance at scheduled meetings.

*The Recreation Committee meets every couple of months.

*The Committee of Adjustment meets only when required.

_____ (yes or no) I will attend most meetings and the Committee will do its best to accommodate my schedule.

Signature: _____

Date: _____

Any questions about this application, The Committee of Adjustment or The Recreation Committee, please contact the Township of Alberton Office in person, by phone, mail, or email:

Physical Address: Township of Alberton , Fire #3 Hwy 611S, Alberton

Mailing Address: Township of Alberton RR#1-B2, Fort Frances, ON, P9A 3M2

Phone: 1-807-274-6053

E-mail: alberton@jam21.net