

PO Box 638 | 6150 Main Street | Oliver, BC | V0H 1T0 | [www.oliver.ca](http://www.oliver.ca)



## NAME OF COUNCIL COMMITTEE

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## CANDIDATE'S INFORMATION

Name of Applicant:	Please Print	
Address:	Street Address/Town/Province/Postal Code	
Phone:	Home	Cell
Email:		

## QUALIFICATIONS OR RELATED KNOWLEDGE/EXPERIENCE

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## REASON FOR SEEKING APPOINTMENT

I, \_\_\_\_\_, hereby signify that I am willing to accept an appointment to the Committee names herein, should I be appointed to such by the Council of the Town of Oliver.

Signature

Date

Please submit completed applications to [admin@oliver.ca](mailto:admin@oliver.ca) or deliver to Municipal Hall. If you have any questions, please call 250 485 6200.

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Corporate Services  
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