



NAME OF COUNCIL COMMITTEE

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Position you are applying for on Committee:

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CANDIDATE'S INFORMATION

Name of Applicant:

Please Print

Address:

Street Address/Town/Province/Postal Code

Phone:

Home

Cell

Email:

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QUALIFICATIONS OR RELATED KNOWLEDGE/EXPERIENCE

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REASON FOR SEEKING APPOINTMENT

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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 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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Phone: 250 485 6207
admin@oliver.ca