



APPLICATION FORM

For Appointment to Lake of the Woods Development Board and Committees

Please complete this application form in its entirety. Should it not be fully completed, the Commission reserves the right to reject the application. In addition, the provision of any false or misleading information on this application will be sufficient reason for the Commission to reject the application or to terminate an appointment.

PLEASE PRINT OR TYPE

Full Name of Applicant: _____ Date: _____

Mr. _____ Street & Mailing Address: _____

Mrs. _____ Postal Code _____

Ms _____ Telephone Number: _____ (w) _____ (h)

Facsimile Number: _____ E-mail Address: _____

Occupation: _____, if applicable.

Eligibility:

Please ✓

Requirements	Yes	No
Canadian Citizen		
Minimum 18 Years of Age		
Resident of Lake of the Woods Area		

NAME OF COMMITTEE OR BOARD which you are seeking appointment to
(if more than one, please list in order of preference):

Most appointments are for 4 years in accordance with the term of Commission

1. _____

2. _____

3. _____

Please provide a brief summary of those elements of your education, employment history, experiences and interests you believe should be considered in support of your application:

SIGNATURE

By signing this form you consent to having your appointment publicly released, if selected.

Please return to:~
Jeffrey Port, MCIP, RPP, City Planner
City of Kenora, 60 Fourteenth Street North, 2nd Floor, Kenora, ON P9N 4M9
Ph: 467-2272, Fax: 467-2246, E-mail: jport@kenora.ca

Personal Information collected on this form is pursuant to the Municipal Act, 2001 as amended and will be used for the administration of the municipality/Commission. Questions about this collection should be directed to the FOI Co-ordinator, City of Kenora, One Main Street South, Kenora, ON P9N 3X2.