



# CORPORATION OF THE TOWNSHIP OF HAMILTON

## Local Board/Committee Application Form

Are you a Township of Hamilton Resident or Rate Payer?  Yes  No

Name:	Date:
Address:	Phone No.:
	Cell No.:
	E-mail:
Postal Code:	

**Name of Board(s)/Committee(s) applied for:**


**Reason for applying:**


**Past Experience/Relevant Qualifications:**


\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

To be returned to the attention of: Kate Surerus, Clerk  
PO Box 1060 Cobourg ON K9A 4W5 Fax: 905-342-2818  
E-mail: [ksurerus@hamiltontownship.ca](mailto:ksurerus@hamiltontownship.ca)