



Township of Hamilton Local Board / Committee Application Form

1. Residency

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

2. Contact Details

Name:	
Address:	
Telephone Number:	
Cell Phone Number:	
E-Mail	

3. Name of Board (s) / Committee(s) applied for:

Please indicate the name of the Board(s) / Committee(s) applied for in the space below:

4. Reason for Applying:

Please indicate your reasons for applying to the Board(s) / Committee(s) in the space below:



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5. Past Experience / Relevant Qualifications:

Please list your past experience / relevant qualifications in the space below:

Print Name:	
Signature:	
Date:	