

TOWN OF LAMONT APPLICATION FORM APPOINTMENT TO BOARDS/COMMITTEES

Please type or print clearly when completing this	form.
Name:	Date:
Address:	Phone: (Res.)
	(Bus.)
Postal Code:	Email
Number of Years a Resident of the Town of Lamont:	
Occupation:	
I am interested in serving on the:	
1	or
2	or
3	
Why are you interested in serving as a member of	on this Board/Committee?
What personal goals and objectives would you Committee you are applying for?	ı like to achieve as a member on the Board

Community involvement: (If you wish, you may attach a more detailed resume)	
Additional information:	
	Signature of Applicant
Diagon return this form to	organical of Applicant

Please return this form to: Town of Lamont Box 330, 5307 -50 Avenue Lamont, AB T0B 2R0 Phone: 780-895-2010 Fax: 780-895-2595

E-mail: general@lamont.ca

The personal information requested on this form is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Act) and will be used for the purpose of Board and Committee appointments. If you have any questions about the collection of information, please contact the FOIP Coordinator for the Town of Lamont -780-895-2010.