

## 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
Are you a Resident of the Town of Lamont:	
I am interested in serving on the:	
1	_ or
2	_ or
3	-
Why are you interested in serving as a member on th	
Community involvement:	
Please return this form to: Town of Lamont Box 330, 5307 -50 Avenue Lamont, AB T0B 2R0	Signature of Applicant
Phone: 780-895-2010 Fax: 780-895-2595 E-mail: general@lamont.ca	Signature of Applicant

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.