# Township of Adjala-Tosorontio
# Application for Committee of Adjustment

Name: _____

Address: _____

Phone:_____ Email: _____

Do you live, work, or own a property or business in the Township of Adjala-Tosorontio?

Yes No

| Have you previously served on a Township of Adjala-Tosorontio Committee of Board? If so, please list them below: | |
|---|---|
| Committee/Board | Years of Service |
| | |
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| | |
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| Please describe why you want to serve on the Committee of Adjustment: |
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| What qualifications or experience would you bring to the Committee of Adjustment? |
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| |

| Please describe any additional relevant information: |
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| |

**Please attach a copy of your resume to this application.** You may also include any additional information or supplemental documents you deem relevant. Please note all appointees must sign the Township's Council & Local Board or Advisory Committee Code of Conduct.

*The information on this application is gathered in accordance with the Municipal Act, S.O. 2001 c. 25. This application is to be considered confidential and used only by the Clerk for administrative purposes and will be distributed to Municipal Council for selection of members. All information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Individual Privacy Act, Chapter F.31, R.S.O., 1990. Any or all of the information contained on this form may be subject to disclosure under the Act if circumstances warrant.*

Signature of Applicant _____ Date _____

Return Application to: Robin Reid, Clerk
Township of Adjala-Tosorontio
7855 30th Sideroad 30 Alliston ON L9R 1V1
Email: clerk@adjtos.ca

Late or incomplete applications will not be considered.