

Accessibility Advisory Committee Application

| To be eligible to serve on a following qualifications: | Committee, you must qualify as a | a municipal elector by meeting the |
|---|--|-------------------------------------|
| ☐ You must be 16 years o ☐ You must reside in the n ☐ You must be permitted ☐ You must be a Canadian ☐ I am a person with a dis ☐ I am the parent of a person | municipality, or be an owner, tenanto vote; n citizen; nability; | nt of land (or spouse of same); |
| Last Name | First Name | Phone Number |
| Address | City | Postal Code |
| Email | | |
| | | |
| | es, and knowledge of others? | with others and in appreciating and |
| | | |

| List your involvement (if any) with disability organizations and/or associations including any Board of Directors experience. |
|--|
| |
| |
| |
| |
| |
| |
| Describe why you would like to serve on the Accessibility Advisory Committee |
| |
| |
| |
| |
| |
| |
| |
| |
| PRIVACY INFORMATION/ YOUR SIGNATURE |
| By signing this application form, you are consenting to the release of the information provided. |
| Personal information on this form will be used to assist the Council in selecting appointees for the Accessibility Committee and is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Any questions regarding this collection of the information, or the application process, should be directed to the Clerk's Office at (705)744-5611 ext. 204. |
| Signature of Applicant Date |
| ~-g |
| Please submit completed application to: |
| Amy Leclerc, Clerk/Revenue Services Clerk |
| Corporation of the Town of Mattawa |
| 160 Water Street |
| PO Box 390 Mattawa, ON P0H 1V0 |
| Email: amy.honen@mattawa.ca |

Thank you for your interest in serving the community!