



Name of applicant*

Address*

Municipality*

Belleville

Prince Edward County

Quinte West



Phone (work):

Phone (cell):

Email:

List the reasons for seeking appointment to this Committee and other pertinent information you may deem helpful in the consideration of your application.*

List the skills and/or qualifications you would bring to the Committee position.*



Have you previously served on a municipal compliance audit committee?*

Yes

No

If so, which municipality(s) during which municipal election(s)?

Resume*

(upload file)

Bio (optional)

(upload file)

Shortlisted candidates may be asked to provide references.

- Signature* _____
 - I understand that the personal information being collected will be used in accordance with The Municipal Act and The Municipal



Freedom of Information and Protection of Privacy Act and shall only be used in the selection for appointment of membership.

- **By checking this box, I am attesting that the information provided in this application is true and correct as of the date.**

- **Name***

- **Date***
