

The Township of Woolwich  
Application for Appointment to the Committee of Adjustment

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

If you have previously served on a board, commission, committee, utility, ratepayer group or other organization in any municipality please specify.

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Set out any other information that you think would be helpful to Council in making a decision.

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Would you be available to attend meetings when called:

During business hours \_\_\_\_\_

In the evening hours \_\_\_\_\_

(Please indicate "yes" or "no")

\_\_\_\_\_  
Signature

Mail or deliver to:  
Secretary-Treasurer  
Committee of Adjustment  
Township of Woolwich  
P.O. Box 158  
24 Church Street West  
Elmira, ON N3B 2Z6