

**APPLICATION TO TOWN OF MARATHON
FOR APPOINTMENTS TO
COMMITTEES, BOARDS AND COMMISSIONS**

Date: _____ E-mail: _____

Name: _____

Address: _____
(Street) (Box No.) (Postal Code)

Occupation: _____

Telephone: _____
(Residence) (Business)

Committee, Board or Commission to which you are seeking appointment:

(if more than one, please list in order of preference)

1. _____
2. _____
3. _____
4. _____

Reasons for seeking appointment:

Additional information which may be helpful in consideration of your application:

(if more space is needed, please attach hereto)

Note: All applicants must be eligible Municipal Electors in the Town of Marathon.

Please return to: Serena Goodchild, Deputy Clerk
Town of Marathon
4 Hemlo Drive
P.O. Bag "TM"
Marathon, Ontario P0T 2E0
deputyclerk@marathon.ca