

CORPORATION OF THE TOWNSHIP OF BLACK RIVER - MATHESON

367 FOURTH AVENUE P.O. BOX 601, MATHESON, ON POK 1N0 WEBSITE: www.twpbrm.ca

APPLICATION FORM – FOR APPOINTMENT TO MUNICIPAL COUNCIL (COUNCILLOR)

	Discla	aimer		
	plication. In addition, the	e provision of any t	m not be fully completed, the Township false or misleading information on this or to terminate an appointment.	
Applicant Information-Print of Ty	/pe			
Mr. Mrs. Ms.	Full Name of Applican	Full Name of Applicant:		
Street and Mailing Address:	·		Postal Code:	
Telephone Number (home):	Telephone Number (w	vork):	Cellular Number:	
Facsimile Number:	Email Address:			
Eligibility Requirement			Yes No	
A Canadian citizen.				
At least 18 years of age.				
Resides or is the owner or tensor the spouse of such owner of		nship of Black Riv	ver-Matheson,	
Declaration of Qualification				
I,, declare that I am presently legally qualified to hold office based on s.17 (2) of				
the Municipal Elections Act, 1996, f	for which I am applying f	or.		
Signature of Applicant				
Signature		Date: (mm/dd/yyyy)		
Deadline for receipt of	application and res	ume is October (6th, 2025 at 4:30 p.m.	
Certification by Clerk				
I, the undersigned Clerk of this mur satisfied that the applicant is qualifi Elections Act, 1996.				
Clerk Signature		Date: (mm/dd/yyyy)		

Personal information on this form is collected under the authority of the *Municipal Elections Act, 1996*, and will be used for the council vacancy replacement process and will be made available for public inspection in the office of the Clerk, Township of Black River-Matheson, until the next municipal election. Questions about this collection of personal information should be directed to the Clerk, 367 Fourth Avenue, Matheson, ON P0K 1N0