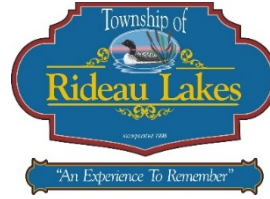


Council Compensation Review Ad Hoc Committee
Member Application



Please note: all fields are mandatory. Incomplete applications will be rejected with no further notice.

Name: _____
Address: _____
Phone Number: _____
Email: _____

Have you previously been elected to any municipal office? Yes ____ No ____

Please attach a **maximum one page** letter outlining your experience, qualifications and interests in applying to the Committee. In completing your letter please keep in mind the selection criteria outlined in the Terms of Reference, being:

The Public Representatives will be selected based on their knowledge and/or experience aligning with the Committee's needs and mandate, as well as their demonstrated ability to provide balanced and impartial recommendations;

I certify that I have read the Terms of Reference for the Committee and understand its mandate and agree to make the necessary commitment to complete the scope of work within the timeline identified.

Applicant Signature

Applications are due by 4:00pm on Thursday, September 28, 2017. Late applications will not be considered. Any questions should be directed to Mike Dwyer, CAO at 613-928-2251 x 231 or mdwyer@twprideaulakes.on.ca.

Please submit your completed form and **one page** attachment to Mike Dwyer, CAO, by

- Email: mdwyer@twprideaulakes.on.ca;
- Fax: 613-928-3097; or
- In person/by mail: Chantry Office 1439 County Road 8, Delta, ON K0E 1G0

Personal information is being collected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and will be used and disclosed as a part of the Committee member selection process. Please be advised that personal contact information contained in your application will not be released in a public forum.