TOWN OF WOODSTOCK

824 Main Street | Woodstock, NB E7M 2E8 Tel: 506 3254617 | Fax: 506 3254308



Laura Gaddas Clerk

E-mail: <u>clerk@town.woodstock.nb.ca</u>

Planning Advisory Committee Application Form

Section One	
Name:	
Mailing Address:	
Home Phone #:	
Work Phone #:	
Cell Phone #:	
Email:	
What Ward do you reside in?	
Section Two	
Please list qualifications/experiences that would help you serve a member.	
(You may attach your resume, as well):	
	,
Why do you want to serve on the Planning Advisory Committee?	
Length of term you are willing	
1 year	First Choice
2 years	Second Choice
3 years	
Section Three	
CHARACTER REFERENCES	
Name:	
Address:	
Telephone:	
Name:	
Address:	
Telephone:	
Name:	
Address:	
Telephone:	