





Application for Appointment Saanich Peninsula Accessibility Advisory Committee

Applicant:

Name:			
Home Address:		Postal Code:	
P 1			
Email:			
Home Phone:	Cell Phone:	Other:	
If appointed, do you have any concerns with respect to the Committee meetings being recorded and			
	to with recoped to the committee me	ounge being recorded and	
posted on the municipal websites?			
O Yes	() No		
O res	O NO		

Reasons and interest for seeking appointment:

Background/experience relevant to this appointment: (If space is insufficient, please attach separate resume).

History of community involvement:	
Additional information:	
Signature:	Date:
DEADLINE: 4:00 p.m., Tuesday, April 19, 2022.	
SUBMIT: to your respective municipality:	

District of Central Saanich 1903 Mt. Newton Cross Road Saanichton, BC V8M 2A9 250-652-4444

Municipal.Hall@csaanich.ca www.centralsaanich.ca

District of North Saanich

1620 Mills Road North Saanich, BC V8L 5S9 250-656-0781

<u>corporateservices@northsaanich.ca</u> www.northsaanich.ca Town of Sidney 2440 Sidney Avenue Sidney, BC V8L 1Y7 250-656-1139 admin@sidney.ca www.sidney.ca