Township of Billings Application Form

Economic Development Committee

Date:	_ Email:		
Last name:	First na	ame:	
Address:			
Phone (daytime):	Phone (evening):	Phone (Cell):	
What skills, abilities, and/o	r specialized knowledge do you posse	ess that would assist this group?	
Why are you interested in	serving the Township of Billings on th	nis Committee?	
why are you merested in	serving the rownship or binings on th	iis committee.	
What contribution do you l	believe you can make to this Committ	tee?	
What past contributions ha	ave you made to a similar group or or	rganization?	
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What experience do you had and knowledge of others?	ave in exchanging your views with oth	hers and in appreciating and respecting the	skills, abilities
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		u be contacted for an interview, you will have the opportuni ent process or if you have any questions about any of the co	

NOTE: the personal information on the form is collected pursuant to the Freedom of Information and Protection of Privacy Act and the Municipal Act and will only be used for the purpose of processing your application.

appointments are to be made, please contact the relevant township department.