Municipality of Inverness County

PRINTABLE / MAIL-IN FORM

Accessibility Advisory Committee Mail-in Application Form

This is the printable, mail-in version of the application. Complete all required fields marked with an asterisk (*), sign the form, and include any supporting pages.

MAIL THE COMPLETED AND SIGNED FORM TO:

Municipality of the County of Inverness – Attn: Accessibility Advisory Committee Application
P.O. Box 179, Port Hood, NS B0E 2W0
Questions: 1-866-258-0223, Option 5

1. Applicant information

Full name *

Name of organization (if applicable)

Phone number *

Email address *

2. Civic address

Address line 1 *

Address line 2

City / community *

Province *

Postal code *

3. Mailing address

☐ Same as civic address

Address line 1

Address line 2

City / community

Province

Postal code

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4. Candidate statement

Please explain what makes you an ideal candidate for the Accessibility Advisory Committee. *
You may attach a resume and/or another sheet of paper to this application if necessary.

☐ I have attached a resume and/or additional supporting pages.

5. Eligibility and conflict of interest

Please check all that apply. *

☐ I have lived in the Municipality of Inverness County for six months or more as of the date of application. *

☐ I am over 18 years of age. *

☐ I do not have any real or perceived conflict of interest with the committee, including direct or indirect pecuniary interest with the municipality, staff, and/or individual councillors. *

Disclosure of a potential conflict does not automatically make an applicant ineligible. The nominating committee and Council must assess potential conflicts when determining whether an application may be considered further. Explain any potential conflict below or attach a separate sheet.

Potential conflict of interest explanation

6. Signature and mailing

Applicant signature *

Date submitted *

After completing and signing the form, mail it to the address shown on page 1. Attach supporting pages if applicable.