

**APPLICATION TO TOWN OF MARATHON**  
**FOR APPOINTMENTS TO**  
**COMMITTEES, BOARDS AND COMMISSIONS**

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Box No.) (Postal Code)

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Residence) (Business)

**Committee, Board or Commission to which you are seeking appointment:**  
(if more than one, please list in order of preference)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Reasons for seeking appointment:**

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**Additional information which may be helpful in consideration of your application:**  
(if more space is needed, please attach hereto)

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**Note: All applicants must be eligible Municipal Electors in the Town of Marathon.**

Please return to: Serena Goodchild, Deputy Clerk  
Town of Marathon  
4 Hemlo Drive  
P.O. Bag "TM"  
Marathon, Ontario P0T 2E0  
deputyclerk@marathon.ca