

INTERMUNICIPAL SUBDIVISION AND DEVELOPMENT APPEAL BOARD MEMBER APPLICATION FORM

Please send applications to main@legal.ca or drop off at the Town of Legal Municipal Office (5021 50 St, Legal, AB).

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Occupation: _____

Employer: _____

Applicable education/business/work/volunteer/community experience: _____

Why would you like to be an ISDAB panelist? _____

- I agree that my name and qualifications may be shared in a public meeting for the purpose of evaluating my application. I further agree that I am voluntarily applying for the role of an ISDAB panel member for the Town of Legal and have been made aware of the responsibilities this role requires.

Applicant Signature

Date