

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:		
Annlicable educatio	n/business/work/volunteer/community experienc	٥٠
Applicable education	m, business, work, volunteer, community experience	c
Why would you like	to be an ISDAB panelist?	
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evaluating r	my name and qualifications may be shared in a public meeting for the purpose of my application. I further agree that I am voluntarily applying for the role of an ISDAB ber for the Town of Legal and have been made aware of the responsibilities this role	
Annlicant Signature		 Date

The information collected on this form is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to process ISDAB applications for the Town of Legal. If you have any questions about the collection and use of the information, contact the Town of Legal at 5021 50 St, Legal AB, or by calling 780-961-3773.