



**Application for Appointment to  
the Municipal Planning Commission**  
232 Main Street, PO Box 610, Three Hills, AB T0M 2A0  
T 403.443.5822 F 403.443.2616  
[www.threehills.ca](http://www.threehills.ca)

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**PLEASE READ THE FOLLOWING:**

The personal information requested on this form is being collected to assist Council in making appointments to its Boards, Committees, and Commissions and is governed by the Freedom of Information & Protection of Privacy Act (FOIP). By submitting this Application, you are consenting to have your name and phone number posted on the Town's website in the event you are appointed to a Board, Committee, or Commission. If you have any questions with respect to the collection or release of this information, please contact the Chief Administrative Officer at the Town of Three Hills 403.443.5822.

To be eligible for appointment as a Member at Large of the Municipal Planning Commission, applicants must be of the full age of 18 years, a Canadian Citizen, and a Town resident.

**PLEASE PRINT CLEARLY:**

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Last Name

First Name

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Address

Mailing Address

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Home Phone

Cell / Business Phone

Email

**SEEKING APPOINTMENT TO:** (Municipal Planning Commission)

1. \_\_\_\_\_ ☐ 2yr Term

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

List your involvement on other boards, organizations, school and/or neighbourhood groups, and include any offices held: \_\_\_\_\_

Why are you interested in this serving on this board/committee or commission? \_\_\_\_\_

Have you ever attended a meeting of this board / committee? \_\_\_\_\_

State your qualifications (experience/education/interest) for serving on this committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedural fairness in the activities of a public body may require board/committee members to disclose any personal or financial interests. Board/committee members may also heed to abstain from participating in any matters in which they or their families, friends, or businesses have a real or perceived financial or personal interest in the outcome of deliberations.

Are you aware of any potential conflicts of interest or perceptions of bias which may arise from your personal or financial interests or those of your family, friends, or businesses? If so, please indicate any potential conflicts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am a resident of the Town of Three Hills.

\_\_\_\_\_  
**Signature** **Date**

Completed applications must be submitted to:

Town of Three Hills  
PO Box 610  
232 Main Street  
Three Hills, Alberta T0M 2A0

Email: [communityservices@threehills.ca](mailto:communityservices@threehills.ca)