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# TOWN OF SAINT ANDREWS

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## PLANNING ADVISORY COMMITTEE APPLICATION FORM

|  |  |
|--|--|
| Name   |  |
| Address  |  |
| Phone Number   |  |
| Email  |  |
| Duration of Residency in Saint Andrews, Bayside, or Chamcook |  |

**Background Information:** Please provide details to the questions below. If there is not enough space, please continue on a separate page and submit with the application.

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| Do you have prior experience on service committees? Please Explain. |
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| What skills do you bring to this committee? Please Explain. (e.g. education, skills, abilities, interests, etc.) |
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212 Water Street, Saint Andrews, New Brunswick Canada E5B 1B4

Tel: (506) 529-5120 ◦ Fax: (506) 529-5183 ◦ [Town@townofstandrews.ca](mailto:Town@townofstandrews.ca) ◦ [www.townofsaintandrews.ca](http://www.townofsaintandrews.ca)

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## TOWN OF SAINT ANDREWS

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Why do you want to participate on PAC and how do you feel you would be a good representative of the community?

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References: Please provide 2 references that are familiar with your work and/or abilities:

|              |  |
|--------------|--|
| Name         |  |
| Position     |  |
| Address      |  |
| Phone Number |  |
| Email        |  |

|              |  |
|--------------|--|
| Name         |  |
| Position     |  |
| Address      |  |
| Phone Number |  |
| Email        |  |

**DECLARATION: I hereby declare the statements made by me in this application are true and complete to the best of my knowledge and I authorize the Town of Saint Andrews to use this information for consideration of my candidacy as a member of the Saint Andrews Planning Advisory Committee.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date