



**REFERENCES**

By applying your signature to this application, you authorize the City of Kawartha Lakes to contact the following persons or organizations and authorize them to disclosure to the City any required information.

| Name / Please State Association With Person | Telephone |
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**Applicant's Signature****Date**

Personal information on this form is collected under the authority of the Municipal Act, (and the legislation expressly associated with individual committees) and will be used only for the purposes of recruitment of individuals to City Boards, Committees and Commissions. Information on this form will be disclosed to the Council for candidate selection purposes only. Questions about the collection of information, or about the selection process in general, should be directed to the City Clerk at the address indicated at the top of the application