

COUNCIL VACANCY APPLICATION FORM

Please complete this form in its entirety and submit in person (no fax or email) with government issued identification by April 8, 2025, at 2:00 p.m. to:

The Corporation of the Town of Cochrane
Attention: Cassandra Child, Clerk
171 Fourth Avenue, Cochrane, ON P0L 1C0

Council Vacancy Application Form

Name:

Qualifying Address:

E-mail Address:

Telephone (home):

Telephone (work):

Eligibility Requirements	Yes	No
Canadian Citizen		
Minimum 18 years of age		
Eligible elector in the Town of Cochrane (owner or tenant or spouse of such owner or tenant)		
Not prohibited from voting otherwise by-law		

Signature of Candidate: _____

Date: _____



ONTARIO, CA
COCHRANE
WONDERFULLY UNEXPECTED

COUNCIL VACANCY APPLICATION FORM-PART 2

Name of Candidate: _____

Explain why you would like to serve on Council (if extra space required, please attach)

[illegible]

Signature of Candidate: _____

Date: _____

