



Corporation of the Township of Lake of Bays

GENERAL INFORMATION

Name of Organization/Board/Agency: _____

Website Address/Link: _____

Mailing Address: _____ City: _____

Prov: _____ Postal Code: _____

Telephone: _____ E-mail: _____

KEY CONTACT INFORMATION

Contact Name and Title: _____

Mailing Address (if different from above) _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ E-mail: _____

FUNCTION/RESPONSIBILITIES

Describe Organization/Board/Agency core function/responsibilities:

Submit application to: clerkasst@lakeofbays.on.ca