

Residents' and Community Associations Public Listing

Registration Form

Full name of residents' / community association:

Acronym or short name of organization: _____

Names and information of the executive members, of the association:

President: _____

Address: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Vice-President: _____

Address: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Treasurer's Name: _____

Address: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Secretary's Name: _____

Address: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Please indicate the applicable boundaries

Where existing, please provide the URL to your residents' / community association's website:

Authorization to publish a contact name, phone number, email, boundaries and URL on the Town's website. ___ YES ___ NO

Contact name you would like published: _____

Position held in organization: _____

Authorization to share contact name and phone number with internal departments within the Town of Oakville and other government offices. ___ YES ___ NO

I confirm that the information contained herein is true and correct.

(Signature) (Relationship in organization)

(Date) _____

Thank you for completing this application form. Please submit by mail, fax or e-mail to the attention of: Town Clerk, Clerk's Department

Personal information on this form is collected under the authority of the Municipal Act for the purpose of maintaining updated information on Residents and Community Associations. Questions about this collection should be directed to the Clerk's department.

