

APPLICATION FOR PERMIT ACTING CLERK
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Name of Municipality	
Address phone / fax / email	

Name of Person Hired	
Position	Acting Clerk

When is/was the Acting Clerk's first day of work?	
Has the Acting Clerk submitted an application for a Conditional Certificate?	

Please advise why a permit is being requested at this time:

I certify the above statements to be true in all respects	
Signature (Mayor)	
Date	

Please mail Application Form and all attachments to:
Joyce Aitken, Secretary
Urban Board of Examiners
Box 16
Eyebrow, SK S0H 1L0
Phone : 796-7633