

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:

Brad Hvidston, Secretary
Board of Examiners
Box 3104
Tisdale, SK.
S0E 1T0
Phone: 306-873-2735