THE MUNICIPALITY OF THE COUNTY OF RICHMOND
LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

Accessibility Advisory Committee Member Application Form

Applicant Name: _____

Address: _____ Postal Code: _____

Home Telephone: _____ Cell Telephone: _____

Email: _____

Describe how your lived experience, community involvement, education, or work might be helpful to this committee.

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Do you identify within the disabled community, a group, or association that represents persons with disabilities?

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