



Community Advisory Group

Application Form

Are you interested in participating in the discussions held by the GTA West Community Advisory Group (CAG)? Meetings will be held throughout the study to seek input on project developments and feedback on study activities. The Project Team is seeking to rebuild the CAG and capture a diverse representation of views. If you are a resident, member of an interest group, or own property or a business within the GTA West Route Planning Study Area, and are interested in participating in the discussions of the CAG, please complete this form and submit it to the Project Team.

Please note that in order to maintain a reasonable group size and to encourage a diverse representation of views, it may not be possible to invite all applicants to become members of the CAG. We will notify you as to whether your application for membership has been accepted.

PLEASE PRINT

1.Background Infor	mation				
Name:					
Mailing Address:					
Cit	y:	Pos	tal Code:		
E-Mail:					
Main Tel.:		Other Tel.:		Fax:	
Occupation:					
Age (optional):					
Under 25	25 – 35	36 – 45	46 – 55	56 – 65	66 or above
☐ Yes	□ No				
meetings for the community and a website) between	duration of the mure you able to ma	ılti-year study? ıintain awareness s will be held at k	Are you knowled of study activities	geable about wha es (which are up	end weekday evening at is going on in the dated on the project is expected that ther
☐ Yes	□ No				
4 Please indicate vo	ur level of interest i	in each of the follo	owing subject area	es as it relates to t	he study

Subject Area	1	2	3	4	5	Know
Highway Planning and Design	0	0	0	0	0	0
Transit Planning and Design	0	0	0	0	0	0
Business	0	0	0	0	0	0
Agriculture	0	0	0	0	0	0
Natural Environment	0	0	0	0	0	0
Community Facilities	0	0	0	0	0	0
Community Development	0	0	0	0	0	0









Subject Area	Very low 1	2	3	4	Very high 5	Don't Know
Local Heritage Features	0	0	0	0	0	0
Tourism	0	0	0	0	0	0
Land Use	0	0	0	0	0	0
Greenbelt	0	0	0	0	0	0
Other (Please Specify)	0	0	0	0	0	0

5.Indicate any other subject areas not listed above that are of particular interest to you.					
6. Are you planr	ning on participating	in other GTA West advisory groups?			
If yes, please sp	pecify which advisor	ry group you are interested in:			
7.Are you a me		ation or interest group (i.e. community, environment, agriculture, etc.) that has			
☐ Yes	□ No				
If yes, please sp	pecify which organiz	zation/interest group you are a member of:			
8.Please briefly	describe any past e	experiences or expertise that you can bring to the CAG.			

This Information is being collected to assist the Project Team. It will be used in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Access to Information Act*. Confidentiality of personal information is assured. With the exception of personal information, all information will become part of the public record.

PLEASE PLACE YOUR APPLICATION IN A DROP BOX TODAY OR E-MAIL, FAX OR MAIL YOUR APPLICATION BY OCTOBER 10, 2019 TO:

Ms. Britta Patkowski
GTA West Project Team c/o AECOM
105 Commerce Valley Drive West, 7th Floor
Markham, Ontario, L3T 7W3
EMAIL: project_team@gta-west.com

FAX: (905) 886-9494



