

## DEVELOPMENT ASSESSMENT PANELS LOCAL GOVERNMENT MEMBER NOMINATION

Please complete the form and submit to  $\underline{\mathsf{daps@dplh.wa.gov.au}}.$  Please include a copy of the Council Resolution.

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	Member 1		Member 2	
Full Time	Part Time/Casual - Specify hours per week	Full Time	Part Time/Casual - Specify hours per week	
Yes	No	Yes	No	
Alto	Alternate Member 1		Alternate Member 2	
Full Time	Part Time/Casual - Specify hours per week	Full Time	Part Time/Casual - Specify hours per week	
	Yes	Full Time Part Time/Casual - Specify hours per week  Yes No  Alternate Member 1  Full Time Part Time/Casual -	Full Time Part Time/Casual - Specify hours per week  Yes No Yes  Alternate Member 1 Alternate Member 1 Full Time	

LOCAL GOVERNMENT CONTACT DETAILS - MINUTE TAKER				
Name				
Phone		Email		

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