

## CIVIC ACHIEVEMENT AWARD NOMINATION FORM

Thank you for taking the time to recognize a local organization, community group or individual/s for the Civic Achievement Award. Please complete all the sections on the form.

| Name of Nominee: (Can be an organization, a community group or individuals)                             |            |
|---|------------|
| Email:  | Telephone: |
| Mailing Address:  |            |
|   |            |
| Why do you feel like this nominee/s should be recognized for this award? (explain in 250 words or less) |            |
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| Person Submitting Nomina<br>This information will be used to c<br>successful. | ation Form: ontact you if Council should have any questions, or if the nominee is |
|---|---|
| First Name:   | Last Name:  |
| Address:  | Email:  |
|   | Telephone:  |
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|   |   |
|   |   |
|   |   |
|   | Date:   |
| Signature   |   |

## Please Submit Completed Nomination Form to: Municipality of Wawa P.O. Box 500

Wawa, ON, P0S 1K0