NOMINATION FOR GOOD CITIZEN AWARD

PROPOSER	SECONDER
Name:	Name:
Address:	Address:
Signature:	Signature:
Date:	Date:

Is the person being proposed aware of your recommendation: No

PERSON BEING PROPOSED

Name: _____

Address: _____

_____ ☎ _____

Please give below full details about the person being nominated and your reason for the nomination:

Please return this form to the Town Council Offices.