



## CITIZEN OF THE MONTH AWARD – NOMINATION FORM

*Please fill out the form as completely as possible.*

Nominee Name: \_\_\_\_\_

Nominee Address: \_\_\_\_\_

Nominee City: \_\_\_\_\_ Nominee Province: \_\_\_\_\_

Nominee Phone # & E-mail address: \_\_\_\_\_

Length of time Nominee has been a resident: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Sponsor's City: \_\_\_\_\_ Sponsor's Province: \_\_\_\_\_

Sponsor's Phone # & E-mail address: \_\_\_\_\_

What contributions has the Nominee made to the City of Wetaskiwin:

Describe how these contributions have improved life in Wetaskiwin:

Give 2 Wetaskiwin residents as references (please include phone number):

- 1.
- 2.