CHESTER ANNUAL REPORT DEDICATION NOMINATION FORM

2020 Annual Report Dedication Nomination Form

Note: The Dedication Selection Committee uses this information for nominee review. Submit all required information with the Nomination Form. Refer to the "Call for Nominations" for eligibility and selection criteria. Self –nominations are not accepted.

INSTRUCTIONS: Click inside the blank boxes to enter nomination information onto the form.

I. General Information							
NOMINEE FOR AN INDIVIDUA	L						
		TITLE					
CITY	STATE	ZIP CODE					
	JIAIL	ZIF CODE					
PHONE	E-MAIL						
NOMINATION FOR GROUP							
GROUP (BOARD/COMMISSION/ORGAI	NIZATION/COMPANY) NAME						
GROUP REPRESENTATIVE	TITLE						
ADDRESS							
ADDRESS							
CITY	STATE	ZIP CODE					
	T =						
PHONE	E-MAIL						
II. Summary of Nominee's Contribution/Achievement Refer to the Selection Criteria section of the Nomination Guidelines as needed. PROPOSED CITATION FOR CONTRIBUTION/ACHIEVEMENT (Limit 1-2 sentences/50 words). The citation should be a							
concise statement that highlights the nominee's key contributions/achievements. Note: The nominee's accomplishments should be more fully described in the Comprehensive Narrative Description.							
COMPREHENSIVE NARRATIVE DESCRIPTION OF CONTRIBUTION/ACHIEVEMENT (Limit 2,000 words, using 12-point type)							
III. Nominee Biographical Inf							
PUBLIC/COMMUNITY SERVICE HISTORY: List relevant public/community service history – starting from the present – with position, board, commission, department, organization, as appropriate							
LIST OF AWARDS AND HONORS RECEI	VED (Limit to 10)						

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FOR AN INDIVIDUAL: EMPLOYM				hronologically list career	
positions – starting from the pres	sent – witi	n dates, title, de	epartment, organization		
FOR AN INDIVIDUAL: EDUCATIO	N				
FOR AN INDIVIDUAL: EDUCATIO	IN				
FOR BOARD/COMMISSION/DEPARELATED TO THIS NOMINATION	ARTMENT	T/ORGANIZATIO	ON/COMPANY: PROVIDI	E INSTITUTIONAL HISTORY	
IV. Nominator Information	on				
NOMINATOR'S RELATIONSHIP T	O NOMIN	EE AND CONTR	RIBUTIONS/ACHIEVEMEN	ITS	
			T		
NOMINATOR'S NAME			TITLE		
ORGANIZATION					
ONGANIZATION					
ADDRESS					
CITY	STA	ATE		ZIP CODE	
PHONE		E-MAIL			
V. Recommendations					
 Three letters of re 	ecomm	endation fro	om individuals, <u>other than</u>	the nominator, who have first-hand	
			bmitted with the nominati		
 Format: Electronic Micro 					
 File Naming Protocol: Las (For example: Doe, J-REC 		f Nominee, First	Initial of Nominee-REC-La	st Name of Person Writing Letter	
 Letters of Recommendat 	ion must b	oe submitted as	attachments with the Non	nination Form.	
Please complete contact information	n for lette	rs of recommen	dation, as follows.		
RECOMMENDATION #1					
NAME			TITLE		
ODCANIZATION					
ORGANIZATION					
ADDRESS					
ADDRESS					
CITY	STA	STATE		ZIP CODE	
PHONE		E-MAIL			

AFFILIATION WITH NOMINEE

CHESTER ANNUAL REPORT DEDICATION NOMINATION FORM

RECOMMENDATION #2							
NAME		TITLE					
ORGANIZATION							
ADDRESS							
CITY	CTATE		710 0005				
CITY	STATE		ZIP CODE				
PHONE	E-MAIL		<u> </u>				
AFFILIATION WITH NOMINEE							
RECOMMENDATION #3							
NAME	TITLE						
ORGANIZATION							
ADDRESS							
			I				
CITY	STATE		ZIP CODE				
PHONE	E-MAIL						
THORE	LIVIVIL						
AFFILIATION WITH NOMINEE							
VI Compliance with Brown	. Томис						
VI. Compliance with Program	i remis						
I, THE NOMINATOR(S)							
I, THE NOWINATOR(3)							
L							
OF THE FOLLOWING NOMINEE							
for Dedication of the Chester Annual Report, by my submission of this nomination do hereby consent to public							
disclosure of the information contained in this package for the purpose of use or distribution by the Town of							
Chester to develop descriptive material, such as magazine articles, Websites or other means, to increase public awareness of Dedication receipient(s) and their accomplishments.							
awareness of Dedication receipteric(s)	and chest of a constraint of and their decomplishments.						
I do <u>NOT</u> consent to public disclosure of any information deemed personal as noted below:							