



# MAYOR'S COMMUNITY SERVICE AWARDS NOMINATION FORM

(Please Print or Type)

NOMINEE'S NAME: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Male  Female )

Nominee's Address: \_\_\_\_\_

\_\_\_\_\_

(City)

(State)

(Zip)

Nominator's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

(Optional)

How long have you known this nominee? \_\_\_\_\_

Nomination for which category? (Select one)

- Volunteer of the Year
- Senior Citizen of the Year
- Good Neighbor

Why are you nominating this person? Please provide specific examples of the nominee's good works.

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**REFERENCES:** It would be helpful if you could secure brief testimonials from those who have been affected by this nominee's efforts in this category. (Please limit to one-page per testimonial. Thank you.)

NOMINATIONS MUST BE RECEIVED AT CITY HALL BY 1:00 P.M. JANUARY 6, 2017.

THE NOMINATIONS WILL BE JUDGED PROMPTLY AT 5:00 P.M. THAT DAY.

City of Albert Lea, Attn: Mayor Vern Rasmussen, Jr., 221 E. Clark Street, Albert Lea, MN 56007