



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.

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.)

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