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.