CITY OF MOUNT CLEMENS
"LOCAL TREASURE" AWARD
NOMINATION FORM

Nomination Deadline is December 16, 2016

Nominee Name_____

Nominee Address_____

_____

Nominee Phone Number (Home) _____ (Cell) _____

Nominator Name_____

Nominator Address_____

_____

Nominator Phone Number (Home) _____ (Cell) _____

Please describe the accomplishments or contributions the nominee has made, listing specific examples, and provide reasons you feel the nominee is deserving of this award:

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Nominator Signature: _____

PLEASE RETURN THIS FORM TO: City of Mount Clemens, City Manager's Office
One Crocker Boulevard, Mount Clemens, MI 48043

Nomination Deadline is December 16, 2016

Received by: _____ Date_____