



# City of Armstrong

## City of Armstrong Recognition of Excellence Program Application Form

Name of Nominator: \_\_\_\_\_

Contact Information for Nominator

Address \_\_\_\_\_

Phone: \_\_\_\_\_

I nominate:

\_\_\_\_\_

(Individual or Group Name)

(Contact Information for Nominee including Phone Number please):

\_\_\_\_\_  
\_\_\_\_\_

for the Community Recognition of Excellence Award because they have brought recognition to our community by achieving distinction in: **(IMPORTANT: consult the Policy for the Criteria and list specific criteria that has been met)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Staff Notes to Finance and Administration Committee:  
Meets Criteria

\_\_\_\_\_  
\_\_\_\_\_

Does not meet Criteria

\_\_\_\_\_  
\_\_\_\_\_