



CITIZEN OF THE MONTH AWARD – NOMINATION FORM

Please fill out the form as completely as possible.

Nominee Name: _____

Nominee Address: _____

Nominee City: _____ Nominee Province: _____

Nominee Phone # & E-mail address: _____

Length of time Nominee has been a resident: _____

Sponsor's Name: _____

Sponsor's Address: _____

Sponsor's City: _____ Sponsor's Province: _____

Sponsor's Phone # & E-mail address: _____

What contributions has the Nominee made to the City of Wetaskiwin:

Describe how these contributions have improved life in Wetaskiwin:

Give 2 Wetaskiwin residents as references (please include phone number):

- 1.
- 2.