

NOMINATION FORM

MAYOR'S RECOGNITION PROGRAM

Nominator Information							
Name				Email			
Work Phone				Cell Phone			
Relationship to Nominee							
Nominee Information							
<i>Please provide the information below as it should appear on the certificate:</i>							
Name							
Work Phone				Cell Phone			
Email							
Mailing Address							
	(Street Address)		(City)		(Province)		(Postal Code)
Type of Achievement?	<input type="checkbox"/> Milestone Birthday		<input type="checkbox"/> Milestone Anniversary			<input type="checkbox"/> Other Achievement	
	Age:			Years Married:			Type of Achievement:
	Date of Birthday:			Date of Anniversary:			Date of Achievement:
Recognition Details							
Would you like the Mayor or Deputy Mayor to present the certificate in person?				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Preferred Date(s)/Time(s)							
Additional Information:							

Applicants' Declaration:		
IN SUBMITTING THIS FORM, I AM DECLARING THIS INFORMATION TO BE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		
Applicant Name	Signature	Date

This information is being collected under the authority of the Town of Drumheller for the purpose of issuing certificates to residents for milestone birthdays, anniversaries and other achievements. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information contact the Town of Drumheller FOIP Coordinator at info@drumheller.ca or 403-823-1339.



TOWN OF DRUMHELLER
224 CENTRE STREET
DRUMHELLER, AB T0J 0Y4
403-823-6300
FAX 403-823-7739
www.drumheller.ca

Submission Instructions	
<i>Please submit this form to the Legislative Services Department by:</i>	
Email:	legislativeservices@drumheller.ca
In Person:	By dropping off the application at Town Hall, 224 Centre St, Drumheller, AB
Mail:	Town of Drumheller, 224 Centre St, Drumheller, AB, T0J 0Y0