Citizens Awards Nomination Form

Nominee: (pers	son being non	ninated)			
Mr	Mrs	Master	Miss	Ms	
First name:					
Address:					
Contact telepho	one:	(Home)		(Day)	(Mobile)
Email:					
Nominator: (yo	our details)				
Mr	Mrs	Master	Miss	Ms	
First name:			Surna	me:	
Address:					
Contact telepho	one:	(Home)		(Day)	(Mobile)
Email:					
Seconder:					
Mr	Mrs	Master	Miss	Ms	
First name:			Surna	me:	
Address:					
Contact telepho	one:	(Home)		(Day)	(Mobile)
Email:					
Choose one of	the following	categories:			
Extraordi	nary service b	y a newcomer to th	ne Kaipara D	District	
Long tern	n extraordinar	y service			



You may attach additional information and photographs.



Why are you nominating this person?

A detailed and thorough answer will assist us in determining a successful Citizens Awards recipient.

Н	low has this person contributed and shown commitment to the community?							
W	hat community initiatives has this person been involved in?							



this person k			



is there anything further you want to mention?							

If you wish to provide further information to support your nomination, please attach it to this form.

Letter(s) of support and photographs can also be attached and will be considered by Council.

Please return this nomination form to the Kaipara District Council by post, fax or email:

Post Kaipara District Council Private Bag 1001 Dargaville 0340 Fax (09) 439 6756 Email grants@kaipara.govt.nz

Dargaville
32 Hokianga Road
Mangawhai
Unit 6, The Hub
6 Molesworth Drive