**
2024 COMMUNITY AWARDS NOMINATION FORM FOR**

**CHAMBER CUP, COMMUNITY CUP, JAMES R. SNEDIGAR PUBLIC SAFETY AWARDS**

Please check the box for the award you are nominating an individual.

Note that a recipient cannot have received an award in the past 3 years.

*The Selection Committee reserves the right to consider any nominee in another category.*

**AWARD:**

[ ]  Chamber Cup [ ]  Community Cup [ ]  James R. Snedigar Public Safety

#### *Please print*

**Name of Nominee:**

**Address:**

**City/State/Zip:**

**Tel. Number:**

\*Please include reasons why you are nominating this business or individual. List significant milestones, community and civic activities, degree of nominee participation, functions fulfilled, innovations, etc.

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 All nominations must include a letter of recommendation for the nomination to be considered.

*Nominated By: Please print - name and business name (if affiliated with a business)*

**Address /City/Zip:**

**Phone: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**